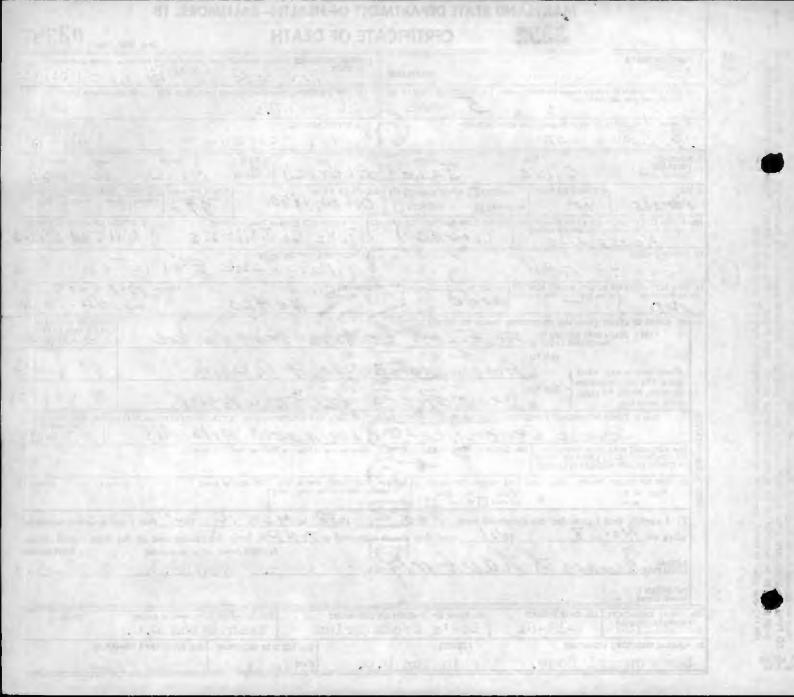
CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY GED YOUS MARYLAND Prince RINCE b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) Tisville HyaTISVIII d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 1917 Fox ST. YES TI NO TH NAME OF Middle 4. DATE Month Day Year DECEASED OLIVE ane (Type or print) 19 61 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Oct. 30, 1873 lost birthdoy) Months FEMALE. WIDOWED K DIVORCED [10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) (None Co. Illinois UniTed STOTES 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Mary Jane 17. INFORMANT O/LUE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ᇻ PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) 2 day 5 DUE TO 4 Cars Conditions, if any, which] gave rise to immediate DUE TO cause (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 1 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Doy. Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Q. ft. While Not while at wark at work Feb. 21. I certify that I attended the deceased from and that death occurred at 7:45 PM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) SIGNATURE PHYSICIAN'S NAME (Type) James L. Laubach 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) CREMATION Lee's Crematorium Washington D.C. 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR VS A15 (4) 15M 9/55 Lee Funeral Home. * Washington D.C. DATE MAR 1 4 '61 Cothun & Thous

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

after death. pe

- - -The second secon bras entitlebister frequent entre succe A District 100000000 E TOTAL STATE OF THE PARTY OF T First Company of the A STATE OF THE STA Continue and the Marie India Various Landrices had find alreso and The automore attended with a fact transfer A CONTRACTOR OF THE CONTRACTOR the most code with the A CONTRACT C 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

e. IS RESIDENCE

Day

12

Months Doys

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY? UNITED STATES

> INTERVAL BETWEEN ONSET AND DEATH

> > PERFORMED? YES NO

(County)

AFB

19 61, that (1) (ast

WASH.25 D.C.

Thomas

(Stote)

(Stote)

22b DATE

SIGNED

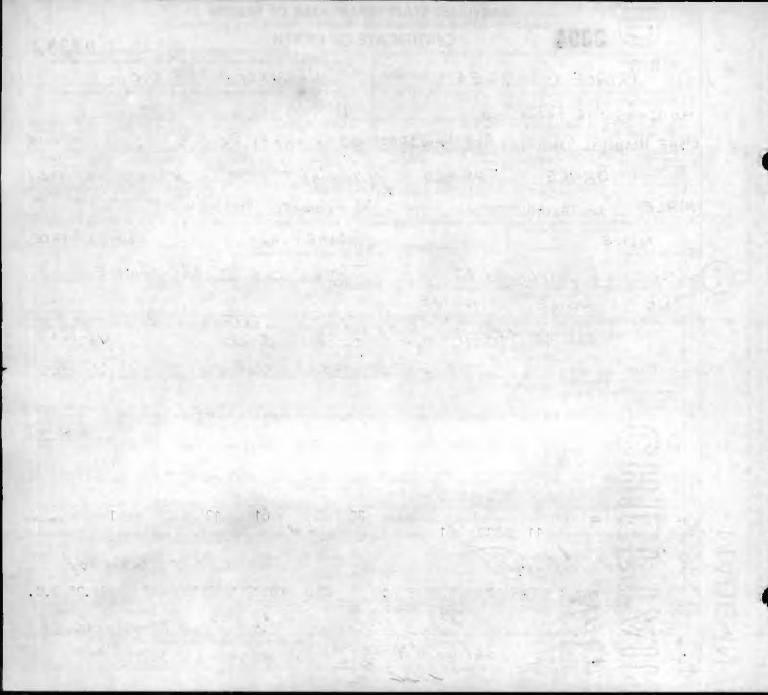
ON A FARM?

YES NO K

Yeor

196

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH-DER

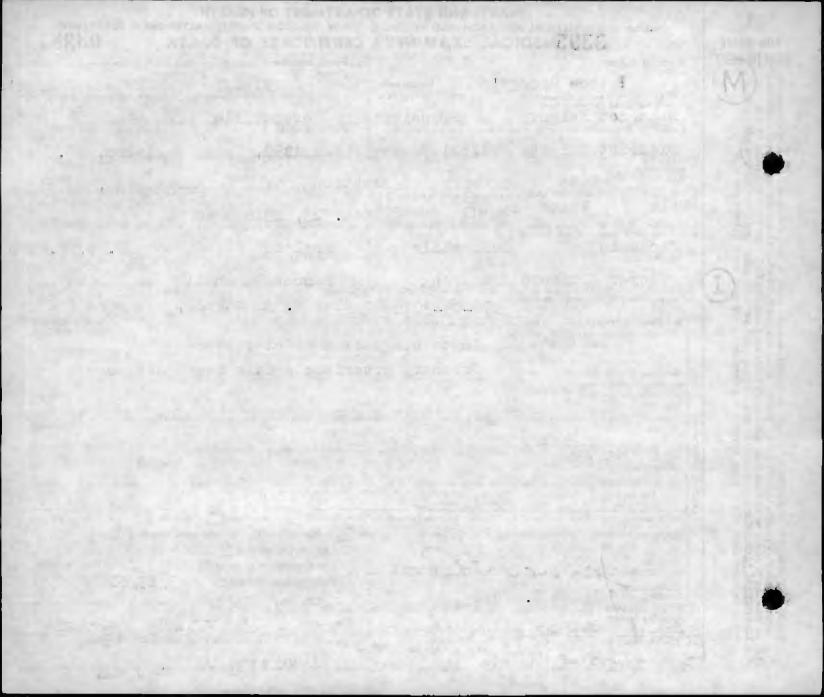
aral director. Page delay is necessary, TO DECAY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an delay is necessar pleasu exist the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to if the areal director. Pages should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained for your files TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Meal or its designated agent, prior to burial, cremation, or removal, and in any eyact within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

3395MEDICAL EXAMINER'S CERTIFICATE OF DEATH (13384

1. PLACE OF DEATH 8. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Prince George's MARYLAND	Laryland Prince George
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	
DISTRICT Heights Transient d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	destreille
	ON A FARM?
District Heights Medical Center	The state of the s
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Wade Henry Ar	mstrong March 23 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED DI	Oct. 23. 1910 50 yrs. Months Days Hours Min.
108. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Nechanic Automobile	Waryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Coord Olifford American	77 1 77
George Clifford Armstrong 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	Frances Marshall
(Yas Ten or unknyn) [[[fvasqivenumrnedatorofianvira]]	~ ^7~~ 77
010-09-3029	3,
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute conce	stive heart failure
1 420 DUE TO	OVIVO HOME O TATEMIC
Conditions, if any, which \ (b) Coronary ar	teriosclerotic heart disease
gave rise to immediate cause	
(a), stating the underlying	
(6)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH OF THE	PERFORMED?
Diabetes	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Diabetes 20b. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (E	inlar nature of injury in Part I or Part II of Itam 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes . Accident . Suici	
	CHIEF MEDICAL EXAMINER
SIGNATURE CONTROL TO	ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINERS	DEPUTY MEDICAL EXAMINER [3/23/6]
NAME (Type) / James I. Boyd	Address (Street, city, town, or county)
228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or country) (State)
Burist Man 27-61 Washington	nate. Suitland md
23. JUNERAL DIRECTOR 1661-Good Hepe Rd	SE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Symmone Bras. WASh. 20 DC.	DAMAD 2 7 104
	Citing S. Trava



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death.

TO FULL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be pleated for use as the burial, cremation, or removal, and in any event, within 72 hours after death. within 24 hours after The law requires that the death certificate be executed

VR A15 (4) 15M 9/60

A	MARYLA	ND S	STATE	DEPA	RTMENT	OF	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 03385

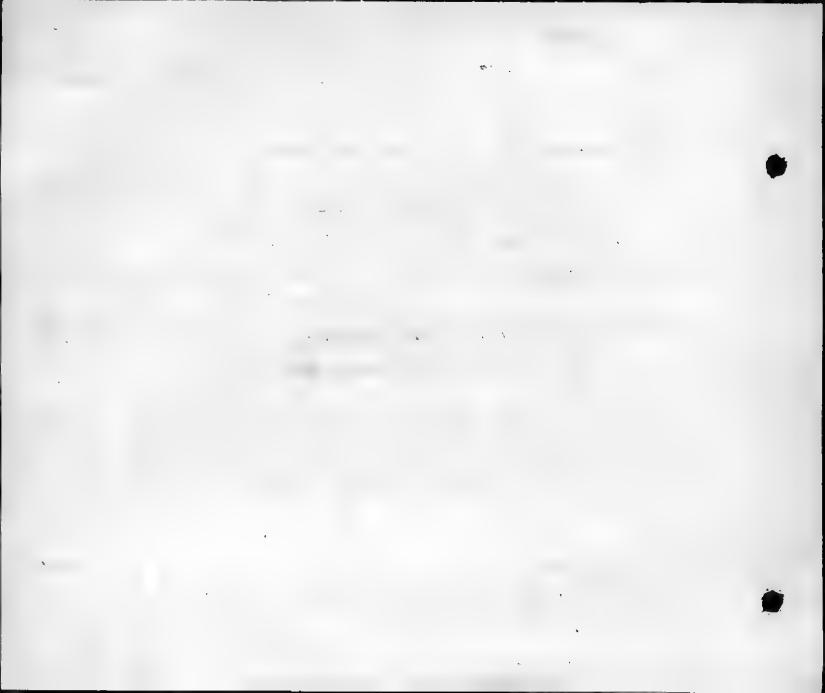
						W-W- (MA - M-M A - M - M - M - M - M - M - M -					
	PLACE OF DEATH				1 2	. USUAL RESIDEN	JCE (Where o				
		ice Georges		MARYLAM	ID.	e. STATE	C.	b. COU	41.4	n.Sa	V
	b. CITY OR TOWN (if write RURAL and	outside corporete limit give neerest lown)	18,	6 months a	16	c. CITY OR TOWN	(If outside cor		e RURAL end	give near	rest tow
	lenn Dale		f not in hos	24 days		d. STREET ADDRESS	hingto	n		1	AS RESIDENCE
7			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					fand Ct	C		ON A FARM
3	NAME OF	e Hospital		Middle		Last 207	I hart	ford St.		Dev	Yeer Yeer
	DECEASED (Type or print)		liam	C.	A	tkins	OF DEATI	3		8	19 61
5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED] B. [ATE OF BIRTH		9. AGE (In years last birthday)			UNDER 24 HRS
	Male	White	WIDOWE			6/7/1890		70 yrs.	-	Deys H	ours Min.
do	Retired fa	ON (Giva kind of work rking life, even If relire RTMCT	d) Se	nd of Business or IND If—employed sered-fermer	+	Virginia		r foraign country	12. CITI	ISA	HAT COUNTR
	Robert Atk	ri na				Lucy Pa					
VI			CES2 16	SOCIAL SECURITY NO.	17 TNI		CO	Addres			
		yes givewer or defes of s	ervice)	Jnknown		cedent		710000			
NO	Conditions, if any geve rise to immadi (e), steting the uncouse lest. PART II. OTHER	ble couse delivered by DUE TO (c) SIGNIFICANT CONDITION	TIONS CON	nchogenic ca	I TON TI	ELATED TO THE TERM				1(e) 19. V	WAS AUTOPS
CAL CERTIFICATION	20a. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES		URED. (E	of INJURY (Home, far	Pert I or Part		(Cou	125	NO 2
MEDICAL	Hour e.m.	19		k et work		, street, office bldg., et					
	21. I certify it	hat (I) (this hospited, alive on3/	al) attend	ded the deceased fr	om8	/12/ eath occured at	-1260, to	m the causes	and on !	the date	(I) (we) la stated above
	220. SIGNATURE	Uwe !	News	اسا	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			22b. DATE SIGN 3/8/196
	22c. PHYSICIAN'S NAME (Type)	Moe Wei		D.		22d. ADDRESS		n Dale H n Dale,	-	3 L	
23	REMOVAL (Specify)	3-/1- G		Wosh M			Su	Tland	ma	anyl	(State)
24	FUNERAL DIRECTOR	's SIGNATURE 14	100 0	hayADDRESS St)	nn	10	AR 1 3 '6	51 25b. RE	GISTRAN'SO	7 20	E

3000 (Print well Trans Brodeficer of characterist and the city of desirably bloomer appropriate or less advanced; district or the largest district of Kint Wen Water Ballet ball LICE LEWIS DESTRUCTION ASSISTED. The way was a way of the same

EVIAND STATE DEPARTMENT OF HEALTH STATISTICAL PESSARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission) a. COUNTY a. STATE Prince George's PrinceGeorge's MARYLAND b. CITY OR TOWN (f outs de corporete imits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) E. LENGTH OF STAY IN 16 write RURAL and give neerest town) Landover Hills Cheverly 8 hours d. STREET ADDRESS e. 15 RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? Avenue YES NOTE Prince George's General NAME OF M ddle A. DATE DECEASED OF comply DEATH (Type or print) 19 61 20 Carol Ann Raker March 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 9. AGE In years IF UNDER I YEAR IF UNDER 24 HRS. and W DOWED [DIVORCED weeks Female 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired 13. FATHER'S NAME SAME AS # 2 18. CAUSE OF DEATH Enter only one cause per line for(a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*) Pneumonia, interstitial, bilateral hours DUE TO Conditions, if any which geve rise to immediate cause DUE TO (a), stelling the underlying PART I. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0)] 19. WAS AUTOPSY PERFORMED? YES 🙀 NO 🖸 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 1 2Df. (City or town) (County) (Steta) factory, street, office bldg., etc.) While Not While at work et work to. . . . 3 .-21. I certify that (I) (thus hospital) attended the deceased from 12.1 19. C. I and that death occurred at I. p. Mr. from the causes and on the date stated above. saw the deceased alive on 22b, DATE 22e. SIGNATURE ATTENDING. SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) (State) CREMATION MAR 2 3 '61 256, REGISTRAR'S SIGNATURE VR A15 (4) Cirthun S. Kraya 15M 9/60 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 113307 CERTIFICATE OF DEATH director, iled with 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) PLACE OF DEATH COUNTY o. STATE P COUNT be filed MARYLAND Ma. Prince George Prince George funerol b CITY OR TOWN (if outside corporate limits, write c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) shoutd Lanham Cheveriv d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 25 YES NO F Prince George General 7310 Lois Lane NAME OF Middle Last 4. DATE Month Year DECEASED DEATH 186] (Type or print) Albert Rakken March Ē IF JNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years 5. SEX 6 COLOR OR RACE 7 MARRIED PA NEVER MARRIED last birthdoy) Months Dovs DIVORCED | WIDOWED | 89 yrs. Male White popers. 10a LSJAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo corbon an Z 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicion within remove 17, INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. oftending eose CAUSE OF DEATH [Enter only one couse per line for (o), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18) 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH certificote (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Doy, Year 20d INJURY OCCURRED (County) (Stote) factory, street, affice bldg, etc.] Hour a m. While Not while of work at work p.m. 21 1 certify that (1) (this haspital) attended the deceased fram. and that death occurred at /_ A M, from the causes and an the date stated above. saw the deceased alive an. DIRECTOR 22a 5 GNATURE ATTENDING DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type Dr. Kehoe CEMETERY OR CREMATORY (State) BURIAL 23b NAME OF FUN 0 24 FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DATE MAR 2 8 '61 ISM 9/59



M.D

e. IS RESIDENCE ON A FARM? YES X NO Year 196

IF UNDER 1 YEAR IF UNDER 24 HRS Days

12. CITIZEN OF WHAT COUNTRY? U. S. A.

INTERVAL BETWEEN ONSET AND DEATH

1. PLACE OF DEATH			RYLAND	2. USUAL RESIDENCE (WI	nere decease	d lived. If institution	on: Residence befo	ore admission
Prince	George	'S MA	UKTUANU	MARYLAN	D		FINCE	(Del)
RAL and give ne		write c LENGTH OF ST.	AY IN 1b	CITY OR TOWN (IF	·	orote limits, write R	URAL ond give ne	earest town
Cheven				ALANDOU	er-			•
OR INSTITUTION	AL (If not in hospital, give			d. STREET ADDRESS	0	Park		e. IS RESIDE
Prince	George's	DENERAL		COLUMI	019	1 /9/11		YES 🔀 N
3. NAME OF	First	Mid	dle	Lost	4. DATE	Mon	th D	ay Yeo
(Type or print)	ANT	ONIO	A. E	ARNACLO	OF DEATH	MARCH	3 29	19
5. SEX	6. COLOR OR RACE 7	MARRIED TO NEVER MAI	RRIED []	B. DATE OF BIRTH		9 AGE (In years lost buthday)	IF UNDER TYEA	
MALE-	white w	IDOWED DIVOR	CED 🔲	9-18-87		73 yrs	Months Days	Hours
10a. USUAL OCCUPATIO	N (Give kind of work dor	e 10b. KIND OF BUSINES	OR INDUS	TRY 11. BIRTHPLACE (State	or foreign o	country)	12. CITIZEN O	F WHAT COL
	ing life, even if retired) intance man	W. S. S.	C	Washingto	n D	C	U.	S. &.
13. FATHER'S NAME	An cance man	1 0. D. D.	0.	14. MOTHER'S MAIDEN I		0,		
_	- V D	1 -				-		
o ame:	s K. Barnac	10		Annie	e Cro	wiey		
		S? 16. SOCIAL SECURITY	NO. 17, IN	FORMANT		Adde	e 15	
(Yes, no, or unknown) Yes	W W 1	215 38 313	O Mi	nnie E Barna	aclo	E Columb:	ia Park	Md.
18. CAUSE OF DEA	TH [Enter only one coust	per line for (o), (b), and	(c).]	/ \				ERVAL BETW
PART I. DEA	TH WAS CAUSED BY	Samo	2210	l'acce	in the	water.	ON	ISET AND DE
10	IMMEDIATE CAUSE (o)	Vecces	0 4.2			, , , ,		
1	DUE TO	fv			n il	0		
Conditions, if or		يه هده در يك	ے مدھے۔	مسرسع دا	7.	A CHELLER	ZIA.	
gove rise to in	mmediote (()	196	20	
couse (o), stating to	the under-				V			
4	, (c)_	TOUR COLUMN TIME TO	Des Ties Built	NAT BELLIED TO THE TERM	INIAI BIREA	er constant of	(Chiabi Da DE 10 1	ID SHAC ALC
PART II OTH	IER SIGNIFICANT CONDI	HONS CONTRIBUTING TO	DEATH SUI	NOT RELATED TO THE TERM	INAL DISEA	SE CONDITION GIV	EN IN PART I(0)	PERFORM YES N
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY	OCCURRE	2. (Enter noture of injury in	Port I or Po	rt II of item 18.)		
20c. TIME OF INJUR	Y Month, Doy, Year	20d INJURY OCCURRED		ACE OF INJURY (Home, form		y or town)	(County	}

3399

21 I certify that (I) (this hospital) attended the deceased from....

23b. DATE THEREOF

3/31/61

F. Gasch's Sons Hyattsville, Md.

saw the deceased alive ar

22o. SIGNATURE

22c. PHYSICIAN'S

23a. BURIAL, CREMATION,

NAME (Type)

24 FUNERAL DIRECTOR'S SIGNATURE

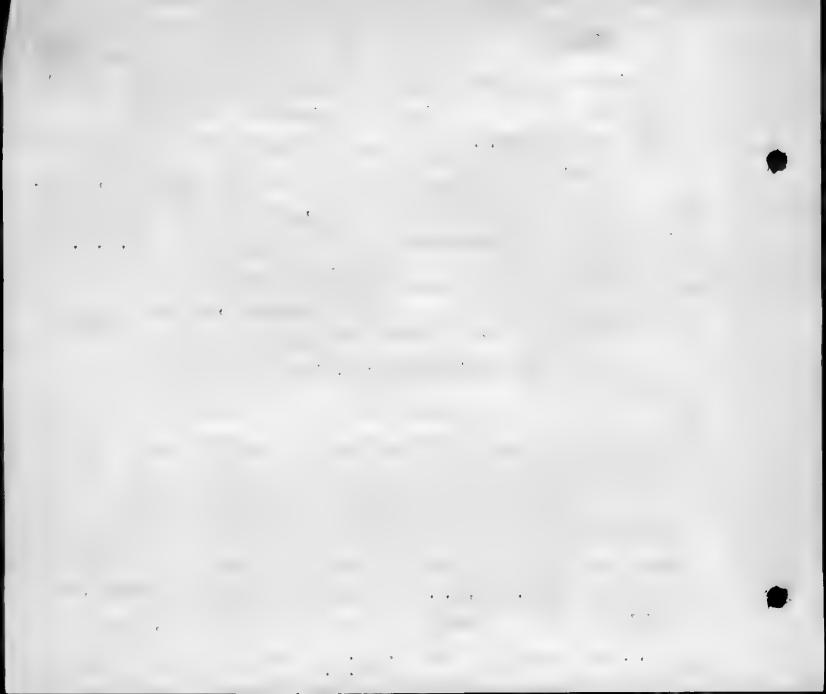
(EN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO (Stote) (County) the deceosed from 3-13 , 1961, ta 3-29 , 1961, that (1) (we) last 1961, and that death occurred at 1961, from the causes and an the date stated above 22b. DATE SIGNED ATTENDING PHYS MED. 3/29/61 22d. ADDRESS Hyattsville, Maryland 23c NAME OF CEMETERY OF COMPANY OF 23d. LOCATION (City, town, or county) (Stote) Arlington National Arlington Virginia 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE APR 3 morning & Travel DATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 VR A15 (4) 15M 9/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before admission, e. COUNTY b. COUNTY Prince George's Prince Georges County MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) director. write RURAL and give nearest town)
Hillside Transient Suitland d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp to , give street eddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 5605 Marlboro Pike S.E. 4663 Kenderick Road YES NO X 3. NAME OF M.ddle 4. DATE DECEASED Norris (Type or print) Bartlett DEATH March 19 61. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 2 wit lest birthday) Months Male White June 11. 1910 WIDOWED [DIVORCED T Toe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY : 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Shipping Clerk Merchandi sing Virginia U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Oscar Bartlett Carlie Morgan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17. INFORMANT (Yes, no or unkown) (If yes give war or dates of service) Mrs Kathleen Bartlett, same as # 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Acute congestive heart failure IMMEDIATE CAUSE (a) DUE TO Cardiovascular renal discase Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1.0. 19. WAS AUTOPSY PERFORMED? Medical NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) PRIMARY | or CONTRIBUTING | should be forwarded to the Chief Me should be forwarded to the Chief Me TUNERAL DIRECTOR: Page 3 should be CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, Month, Day, Yeer 20f. (City or lown) (County) (Stata) factory, street, office bldg., etc.) Not While et work of work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X and in my opinion death resulted from: Natural causes T. Accident . Suicide . Homicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER IX JAMES I. BOYD, M.D. NAME (Type) / Address (Street, city, fown, or county) 226. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22e. BURIAL, CREMATION, 22b. DATE THEREOF Washington National Suitland, Maryland 940 g 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REG STRAR'S SIGNATURE ADDRESS 517 11th st. S.E. W.W. Chambers Company DATE MAR 21 '61 5M 7/59 arihur & Kraus

RYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed fived, if institutions Residence before edmission) for your files. Board of Health, a. COUNTY delay is necessary, veral director. Page **b.** COUNTY Prince George's MARYLAND Prince George's b. CITY OR TOWN (if outs de corporeta limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (f outside carparate limits, write RURAL end give neerest town write RURAL and give nearest town) Cheverly Coral Hills d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS . IS RESIDENCE ON A FARM? Prince George's General Hospital 1401 Boones Hill YES NO N 3. NAME OF Middle DECEASED William Everett March (Type or print) 61 19 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH AGE (In years) IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday Months | Deys Male WIDOWED [DIVORCED ! loa. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Student. SCHOOL Fredericksburg, Va. U.S.A. 13. FATHER'S NAME Merle S. Blair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. Catherine F. Goddard 17. INFORMANT (Yes, no, or unkown) ! (If yes give war or detes of service) 1401 Boones Hill Rd. Office along with fabruary burial-transit permit Unknown William H. Ivon. Corale Hills 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Henorrhage and shock IMMEDIATE CAUSE (e) DUE TO Compound fracture of the skull and facial bones multiple fractures of the left femur and ankle geve rise to immediate cause DUE TO (a), stating the underlying Medical Examiner should be used as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16: 19. WAS AUTOPSY PERFORMED? NO K 20e EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18,) PRIMARY CONTRIBUTING Pedestrian struck by an automobile forwarded to the Chief DIRECTOR: Page 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Homa, form, 20f. (City or town) (Steta) Road (Forma, Jarm, Fernan, Jarm, Fectory, street, office bldg., etc.) While __Not While Spaulding heights P. G. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy 🦳 Inspection 🛣 Inquiry 🛣. and in my opinion Accident X death resulted from: Natural causes Suicide Homicide | - | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 3/14/61. DEPUTY MEDICAL EXAMINER ekamin**e**a's James I. Boyd NAME (Tyba) Address (Street, city, town, or county) 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY. 22d. LOCATION (City Jown, or country) 240 p 23. FUNERAL DIRECTOR VS. AISME W. W. CHAMBERS Riverdale, Maryland 5M 7/S9

MARYLAND STATE DEPARTMENT OF HEALTH

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TO HOW ITAL OR ATTENDIN PUYSICIAN: The low requies that the Meath certificate be exemuted within 24 haurs after Meath. Mage 4 by the funeral director, at 2 should be filed with may be retained by the hospital or attending physician. TO FUNE TO DIRECTOR: After this certificate has been signed by the attending physician and campletely filling page Compile be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages the registrar priar to burial, cremation, ar remayal, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3402 CERTIFICATE OF DEATH

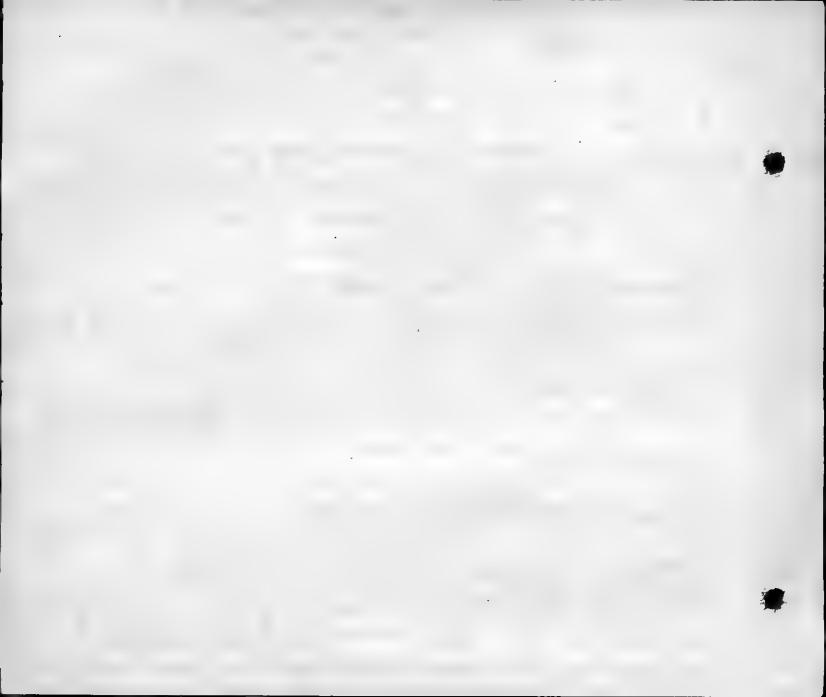
Reg. Dist. No. 3391

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE
frence George MARYLAND	6. STATE PAR. B. COUNTY Finance
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF First Middle (Type or print) A Middle	Braden 4. DATE Month Day Year OF DEATH 3 - 19 - 19 6 /
5. SEX 6. COTOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. In the standard of the
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU-	
13. FATHER'S NAME The land Ilane	14. MOTHER'S MAIDEN NAME Thurned Samuel
	NFORMANT / Address
(Yes, no, or unknown) { yes, give war or dates el service	James Braden Claston ma
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Janerale get a	resolution de la designation de la
LLEO.O DUE TO	7
Conditions, if ony, which) (b)	
gove rise to immediate coese (o), stoting the under.	
lying couse lost. (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20d. ACCIDENT WAS UNDERLYING TO DEATH OR CONTRIBUTING DEADLE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sqrt{1} \) NO \(\sqrt{2} \)
	D. (Enter nature of injury in Port I or Port II of item 18.)
20c: TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o.m. 19 While Not while of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
21. I certify that I attended the deceased from Sturne	, 19.38, to March 19, 1961, that I last saw the deceased
alive on Murch 18, 1961, and that death	occurred at 8:30 A.M. from the causes and on the date stated above.
ACTUAL ONLY PROPERTY	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE STANDS NATURE SIGNATURE	M.D. 4 LD Derry Hugh
PHYSICIAN'S NAME (Type) John P D'Angelo M.D.	Washes D.C.
200 BURIAL, CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY O REMOVAL (Specify) 3-21-61 Thech Links	CREMATORY 22d LOCATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Much tun Home 741-11 Well.	P.E. D. Chate MAR 22'61 Crum S. Krous



ofter death?

executed within 24 hours



	Ca.		3404 CERTIFICATE OF DEATH Reg. Dist. N	(13393
director,			PLACE OF DEATH a. COUNTY B. IVE COUNTY B. COUNTY B. COUNTY B. COUNTY B. COUNTY B. COUNTY C. USUAL RESIDENCE (Where deceased lived. If institution; Residence be of STATE MARKY (AND b. COUNTY P. IN	fore admission)
funeral old be fi	M)		b. CITY OR TOWN (If outside corporate limits, write RURAL and give reached to the reached limits, write RURAL and give reached limits and give r	nearest fown)
iby the d 2 shor			d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION 1. STREET ADDRESS 1. SE 20 BOCK Rd. SE	1s residence On a farm? Yes No No No No No No No No No No N
	X	3.	(Type or print) RAYMOND J. CAMPBELL OF MINI 1. HOW	Day Yeor
pletely 1 irs. Pag		1	MALE WhITE WIDOWED DIVORCED NOV. 13-1894 66 yrs. Months Days	
ond cam bon pope ir death.		L	RETIRED 4.5.60 VT. WASh. D.C.	- S. A.
£ 8 5	T		JAMES J. CAMPbell Canknown	
ing physic e remave			WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 10. or unknown) (If yes, give wor or dates of service) Robert J. Campbell 7634. 18	ARTO Are
ne ocom tottend en pleas towithing			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARE CREES CLETTO,	NTERVAL BETWEEN NSET AND DEATH
1 by the			Conditions, if any, which (b)	,
require on. n signec isit pern			gave rise to immediate cause (a), stating the under: tying cause last. CC DUE TO	
ne law physici has bee riol-trar	•	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
tending ifficate the bu	5	L CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Fritzer Tolor at This cert ruse as		MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. p. m. 19 at work	ty) (Stote)
e hospil : Affer iched fa			21. I certify that I attended the deceased from 15, 19, to 10, 19, to 19, that I last alive on 12, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	saw the deceased date stated above.
RECTOR	28		ACTUAL SIGNATURE (DATE SIGNED
Cetaine Cold			PHYSICIAN'S HEARIET (L'ISCILKY	
may be of FUNE page 3	,	1	BELLOW GRAND ATTENDED THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. 10CATION (City, lawn, or county) BELLOW GRAND ASh. De	(Stole)
VS A]5 (4)		23.	FUNERAL DIRECTOR'S SIGNATURE SEMINANDE PROD LA SE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATE APR 3 61 CLUMM 8 9	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 3405

03394

1		LACE OF DEATH	2. USUAL RESID	SIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY
	0	COUNTY PARTIE COUNTY PARTIEND	O. SIAIL	MA IMPIC GELIVE
	ь	c. CITY OR TOWN (If outside corporate limits, write. c. LENGTH OF STAY IN 16	c. CITY OR T	TOWN (If outside corporate limits, write RURAL and give nearest town)
		RURAL and give nearest town)	1	4/10-Haville
ŀ		1. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET A	ADDRESS
Ш		OR INSTITUTION	-	ON A FARM?
		pehnd remeral Net	1 -5	OCL Lamestown Ad YES NO
1		NAME OF First Middle /	- Losi	ost 6. DATE Month Day 60
		Type or print)	Carl	DOUI DEATH Naiely L6 961
1 5	S	EX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF BIRTH	TH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 MRS lost britiday) Months Days Hours Min
×		: ale wilder wildowed Divorced	Wict	S-1397 63 yrs Months Days Hours Min.
1	0a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUduring most of working life, even if retired)	ISTRY 11. BIRTHPL	PLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
		City of Hyattsvi	lle Md	Ataly 4.5 H.
1	3.	FATHER'S NAME	14. MOTHER'S	'S MAIDEN NAME
1		John Carboni		Unknown
1	5.		NFORMANT	Address
1	(Yes,	no, or unknown) [If yes, give wor or dates of service) 579 05 8358	71	tespital decond
F		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	A Town	ONSET AND DEATH
		MMEDIATE CAUSE (o) STO ALTHUMENTS	Mary 19 300	· Jimorry og
		Conditions, if ony, which) 1 21 21 diagram	5	1 4,07-11
		gove rise to immediate	er occa	real of Jy France
		couse (a), stating the under-		
	,	lying couse last. (c)		
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
		Myperline Carelior asculor		
	CERTIFI	206 ACCIDENT WAS UNDERLYING 🗍 206 DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING 🗎 CAUSE OF DEATH	ED. (Enter nature o	of injury in Port I or Port II of item 18.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	₫	t.	LACE OF INJURY 1	[Home, form, 20f. (City or town) (County) (State
	MEDICAL	Hour a.m. While Not while by m. 19 of work of work	ciory, sireer, ornice	i i
		21 1 certify that (I) (this haspital) attended the deceased fram.	1-5	. 196/ , ta 3 - 26 , 196/, that (1) (we) las
-1		* 1 ~ 1		. 12000 1.100 100 100 100 100 100 100 100 10
		saw the deceased alive an 3-22 1964, and that	death accurred	ed atM, from the causes and an the date stated above
		R. P. Marchie	March 26, 1961	
		ZZc. PHYSICIAN'S	M.D PHYS.	
		NAME (Type) D R Purdie	R	Riverdale, Md.
Ī	23a	BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, town, or county) (Stote)
		Burial 3/29/61 Mt Olivet Ce	emetery	Washington D. C.
2	24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS		250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
		F. Gasch's Sons Hyattsville, Md.		DATEMAR 2 9 '61 arthur & Krana

by the funeral director. TO HOSTITAL OR ATTENDING THYSICIAN: The law requires that the death certificate secreted within 24 hours after death. Page 4, may be lined by the hospital or attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and completely filling by the funeral directors page 3. Ald be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1.2 should be filled with the State Board of Health prior to burial, cremotian, or remavol, and in any event, within 72 hours after death.

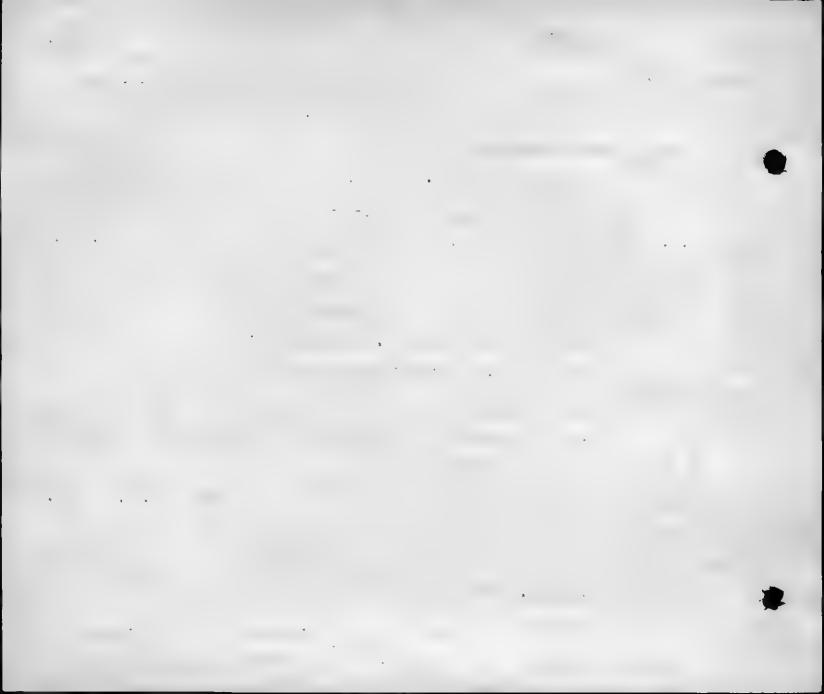
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1	It . 1. Film 2/3 3-CMARYLAND STATE DEPARTMENT OF HEALTH	
1		ORE 1, MARYLAND
FOR STATE	340 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	() 3398
HEALTH-DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, It	finst tution; Residence before edmission
\$ 8 a	•. COUNTY Prince George Maryland •. STATE Maryland b. COU	Frince George
	b. CITY OR TOWN (If outside corporate I mits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, writed)	te RURAL and give nearest town)
octo o o	write RURAL end give neerest town) Cheverly 31 Days Cheverly	144
i Pi	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS	e. IS RESIDENCE
dela ed les	Prince George @cometyGeneral Hospital 6025 Hawthorne St	YES NO X
Sta	3. NAME OF First Middle Last 4. DATE Mont OF	th Day Year
the state	(Type or print) Ieland S. Caskey DEATH Mar	ch 15 1961
4000年度	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers last birthday)	IF UNDER I YEAR IF UNDER 24 HRS.
and	Male White W.DOWED DIVORCED 3-21-81 79 yrs.	Months Deys Hours Min.
10 2 0 D	10a. USUAL OCCUPATION (G ve kind of work done during most of working life, even if relired)	12. CITIZEN OF WHAT COUNTRY
Pag Pag Is 1	R.H. Engineer Retired Maryland	U.S. A .
MA3.	13. FATHER'S NAME	
ar Per	Robert Caskey Sarah Ann Wiley	
fir. F	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addres [Yes, no, or unknown] ([fyesgivewerordelesofservice])	IS .
ed y vith vith erm	Hospital records	
in training v	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c)] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
alor fran and	IMMEDIATE CAUSE (6) Pulmonary edema Bronchopneumonia	-
d by per line /	7()4.0 py/y	
luon in	Conditions, d eny, which geve rise to immediate cause	
ding rer's as a	(a), stelling the underlying DUE TO	
pence sed no. o	cause lest. (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GI	VEN IN PART 1(a) 10 WAS AUTORY
D X X X X X X X X X X X X X X X X X X X	The state of a series of weight forms to condense to fo	PERFORMED?
This wood	Fracture of cervical region of right femur secondary to fa E 20a EXTERNAL CAUSE WAS PRIMARY GO CONTRIBUTING CONTRIBUTING FELL in home PRIMARY GO CONTRIBUTING FELL in home	TT TH HOUSE IN NO 1-
the Aec Aec Albert	PRIMARY GOT CONTRIBUTING Fell in home	
ting instantial		(County) (Stale)
Amin writing of the transfer o	Hour e.m. While Not While factory, street, office bldg., etc.)	P. G. Md.
Prior Prior	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 1 Inqui	
AL I	death resulted from. Natural causes , Accident & Suicide , Homicide , Undetermined of	
SEC SEC	CHIEF MEDICAL EXAMINER	
P S DIV	ACTUAL ASS.STANT MEDICAL EXAMINER	DATE SIGNED
A for the fact of	SIGNATURE DEPUTY MEDICAL EXAMINER 7	3/16/61
desig	NAME (Type) James I. Boyd Address (Street, city, town, or county)	,,
its of the state o	228, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town REMOVAL (Specify)	n, or country) (Stelle)
Og40 g	Burial 18Mar'61 Maryland Line Cem. Maryland I	
VS. A15ME	23. FUNERAL DIRECTOR ADDRESS Wash. 246. REC'D BY REGISTRAR 246. REC	GISTRAR'S SIGNATURE
5M 7/59	Lee Funeral Home 300-4th St. N.E. DC DATMAR 20'61 C.	ing & Krus



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 2. USUAL RESIDENCE (Where decaesed I vad. If institution: Residence before edmission) . PLACE OF DEATH a. COUNTY al director. Page for your files. District of Colimbia Prince Georges County WARYLAND b. CITY OR TOWN (if outs de corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give naerest town) Cheverly Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE Boar ON A FARM? 2819 64th Avenue 1008 Shepherd Street N. YES NO NAME OF 4. DATE Middla Yeer DECEASED OF DEATH (Type or print) Loretta HUBBLERON Cavanagh 18. 19 61. 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. with 7. MARRIED NEVER MARRIED 2 with 66 yrs Months December 29.1894 Female WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) U.S.A. Retired U.S. Govit. Washington, D. C. Clerk. form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard A. Cavanagh Mary C. Powers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no, or unkown] (Ifyesglvewerordetesofservice) Edward C. White, same as # 1 None Office along with 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cerebral thrombosis IMMEDIATE CAUSE (e) DUE TO Conditions, fany, which Adenocarcinoma of the uterus gave rise to immediate couse £0 **DUE TO** (a), stetling the underlying cause lest. PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 NO 😿 plno 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, ' 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) (State) Month, Day, Year (County) fectory, street, office bldg., etc.) Not While Hour a.m. et work et work forwarded to the . 19 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection K. Inquiry X and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED THE RESIDENCE OF THE PARTY OF T DEPUTY MEDICAL EXAMINER EXAMINER'S/ March 18, 1961 JAMES I. BOYD. NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22b, DATE THEREOF 224 BURIAL, CREMATION, REMOVAL (Specify) DE 40 24e, REC'D BY REGISTRAR 24b. REG STRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME Chilling & Haus 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



3409

CERTIFICATE OF DEATH

Rea Dist No.

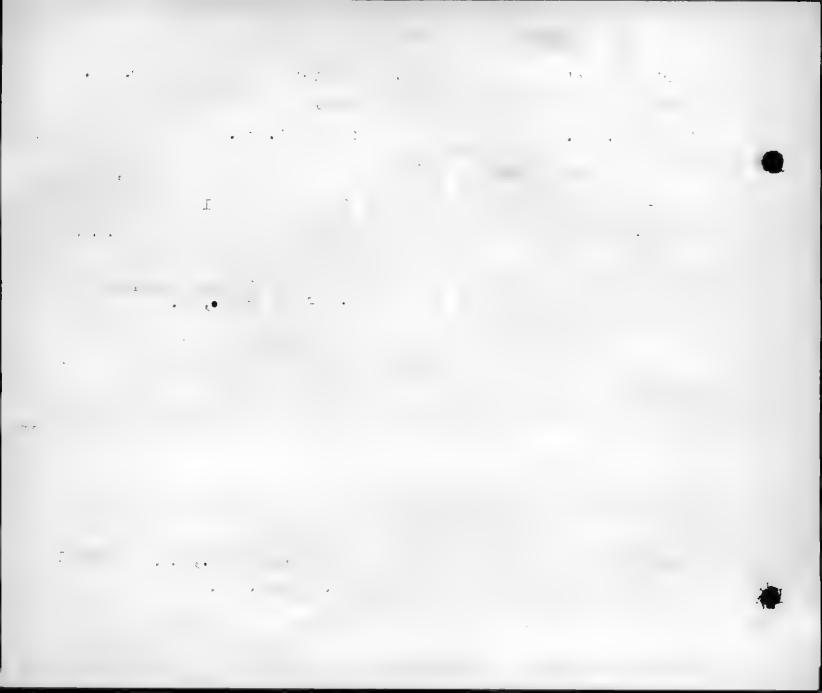
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lk H									
	Prince George's	MARYLAND	2 USUAL RESIDENCE (W)		Company of the second of the s	Geo.			
1	b CITY OR TOWN (If autside carparate limits, wr RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	E CITY OR TOWN (IF &	outside carporate lin	nits, write RURAL and a	give nearest tawn)			
	d NAME OF HOSPITAL (If not in hospital, give st	reel oddress)	d street address 2305 59th	Ave.	1	a. IS RESIDENCE ON A FARM? YES NO			
	3. NAME OF DECEASED (Type or print) ADA	CHORLEY	Łasi	4. DATE OF DEATH	Month March 10	Day Year 19 61			
	Remale White	MARRIED NEVER MARRIED DIVORCED DIVORCED	5 Oct 1879	9 AG	E (in years IF UNDER birthdoy) Manths yrs.	1 YEAR IF UNDER 24 HRS Days Haurs Min			
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Own home	England	or foreign country)	12 CIT:	ZEN OF WHAT COUNTRY?			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN I	AME					
М	Alfred Lee		?						
1	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service,		nformant ry R. Striker	5900 Be	echer Stree Md.	t			
	PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (o) Conditions, if any which gove rise to immediate cause (o), stating the under- lying couse lost.	Conditions, if any which gove rise to immediate cause (a), stating the under-							
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{ NO } \(\frac{1}{4} \)								
	OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I ar Part II of	item 18.)				
	Haur o.m. W		ACE OF INJURY (Home, form ctory, street, office bldg., ato		vn) (C	County) (Slate)			
	21. I certify that I attended the deceased from Sept 8, 1960, to Maria, 1961, that I last saw the deceased alive on Maria, 1961, that I last saw the deceased alive on Maria, 1961, and that death accurred at 7 a. M., from the causes and an the date stated above. ADDRESS (Street city or lown, state) PATE SIGNED M.D. 666 Maryland Ave., N.E. 3/10/61								
		5 e	Washingt						
	BENOVAL Specify) 313/61-	Ft. Lincolr			City town, or county) ar Manor,	(State) Md.			
1	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	24b. REGISTRAR'S SIG	GNATURE			
	Francis Gasch's Sons	Hyattsville,	Md. DATE N	IAR 1 6 '61	arihan &	. Trace			

TO HOSPITAL OR ATTENDING PHYSICIAN: The Jom remuires that the death certificate be executed within 24 hours after death. Page 4 by the funeral director, and 2 should be filed with DIRECTOR: After this certificate has been signed by the altending physician and campletely fifty DIRECTOR: After this certificate has been signed by the altending physician and campletely fifty. In the detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. page 3.55uld be detached for use as the burial-transit permit. TO FUNE

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VS A1S (4) 1SM 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORD 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before edm ssipn) e. COUNTY b. COUNTY Prince Georges MARYLAND b. CITY OR TOWN (if outside corporete I m ts, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete | mils, write RURAL and give nearest town) wr.te RURAL and give neerest town) Glenn Dale (RURAL) days Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress d STREET ADDRESS . IS RESIDENCE ON A FARM? 1320 - R. St., YES NO X Glenn Dale Hospital 3 NAME OF 4. DATE Middle DECEASED (Type or print) Christian DEATH 19 61. Anna 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER I YEAR | IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH last birthdey) Months April 16, WIDOWED [DIVORCED [Female Negro 10a. JSUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or fore on country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even I retired U.S.A. - Georgia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Moses Rogers Gengia 15. WAS DECEASED EVER IN J.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) . (If yas give we rordetes of service) Decedent 1B CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART t. DEATH WAS CAUSED BY: Chronic Pyelonephritis with Uremia Unknown IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause **DUE TO** (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY HYPERTORMED?

PERFORMED? Mellitus: Diffuse nodular Thyroid: Trophic ulcers, both lower extremities YES X 200. ACCIDENT WAS UNDERLYING 1 200. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of lem 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER) (Stete) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Month, Day, Yeer factory, street, office bldg., etc.) Not While Hour e.m. at work et work 21. I certify that (i) (this hospital) attended the deceased from March 15 1961, to March 17 1961, that (i) (we) last saw the deceased alive on March ... and that death occurred at P.A.M., from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED 3/17/61 DIRECTOR X PHYS. PHYS M.D. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Glenn Dale Hospital, Glenn Dale, Md Moe Weiss 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Suitland, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE RECORD REGISTRAR 256, REG STRAR'S SIGNATURE W. Ernest Jarvis Co., Inc.

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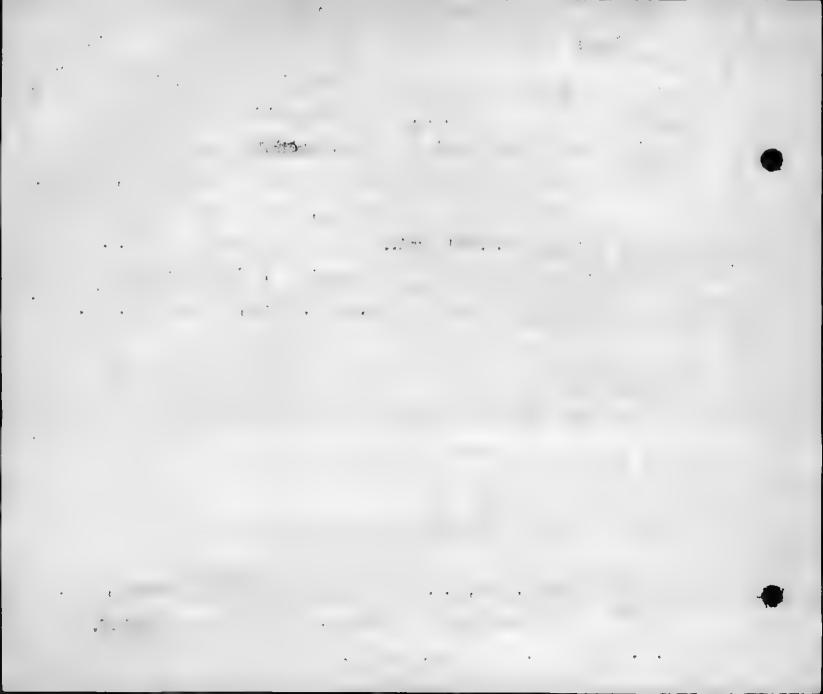
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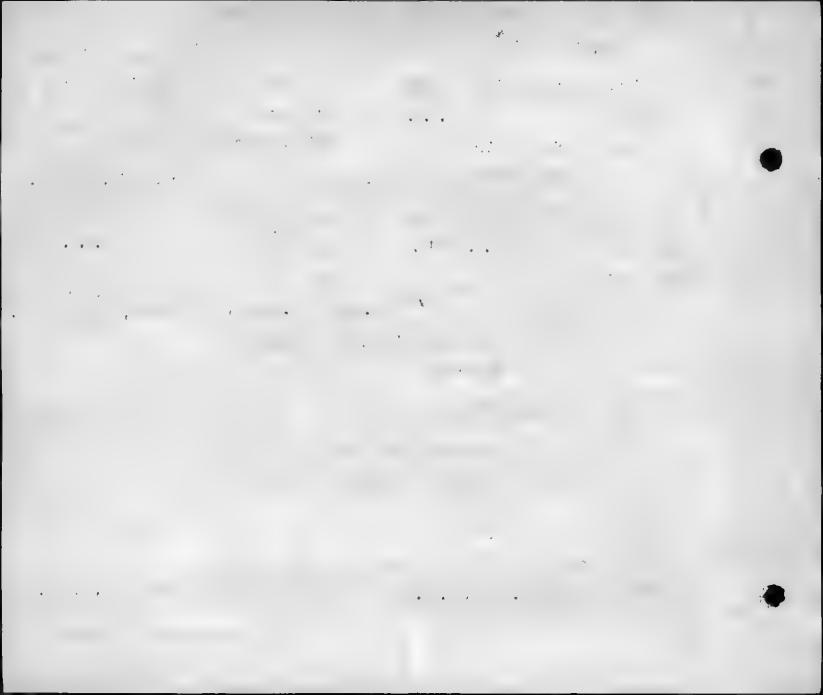


Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF BEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before admission) e. COUNTY Health Prince Georges STATE Maryland Prince Georges MARYLAND c. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL end give neerest town) 5 Berwyn Heights Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince Georges General Hospital 5706 Seninole Street YES NO 3 NAME OF 4. DATE M ddle Month DECEASED OF the DEATH (Type or print) .TAMES CLARENCE CLARKE 19 61. March with 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 18. Give Peges 1, 2, and 3 h form PM3. Page 5 may 1 mit. File pages 1 and 2 with y event within 72 hours at may 2 lest birthdey) Months DIVORCED T Male WIDOWED [VIS. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Siele or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) U.S. Govit U.S.A. Operating Engineer 14. MOTHER'S MAIDEN NAME Joseph Clarke Cecelia 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17 INFORMANT Address 5706 Seminole St., (Yes, no, or unkown) | (Ifyes give wer or detes of service) Hets., Md. Mrs. Ruth E. None INTERVAL SETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (+) DUE TO geve rise to immediate cause **DUE TO** (e), stelling the underlying cause lest. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY PERFORMED? NO P 20b. DESCRIRE HOW INJURY OCCURED, (Enter nature of injury in Part | or Pert || of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. | 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) fectory, street, office bidg., etc.) Not While et work et work OR: 21 I certify that I took charge of the remains described above, held an Autopsy | Inspection | XI Inquiry K and in my opinion DIRECT(Undetermined manner Natural causes . Accident . Suicide Homicide | death resulted from: CHIEF MEDICAL EXAMINER ACTUAL PATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER **EXAMINER'9** JAMES I. BOYD, M.D. March 9 NAME (Type\ Address (Street, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Specify) Bladensburg, Maryland, Fort Lincoln Cemetery Burial 40 9 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME DATE MAR 1 3 '61 arthur S. Kruss Riverdale, Maryland, 5M 7/59

DVI AND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, it institution, Residence better admission a COUNTY Health, **b.** COUNTY director, Page b. CITY OR TOWN (if outs de corporata limits, Prince Georges MARYLAND Maryland c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate hmits, write RURAL and give nearest town) write RURAL and give nearest town Riverdale D.O.A. Riverdale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? 4813 Oglethorpe Street Leland Memorial Hospital YES THO IX 3. NAME OF M.ddla 4. DATE DECEASED (Typa or print) JOHN JAMES CLARKE DEATH March 19 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR! IF UNDER 24 HRS asi birihday) Months Male WIDOWED [DIYORCED [10a. JSUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even it retired) U.S. Govit. Clark 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM John Clarke Anna Lesko 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyas give war or datas of service) 330 Clark Street VNKNEWN Sgt. Charles J. Moyer, WORLD WAR I Pennsylvania.
INTERVAC BETWEEN
ONSET AND DEATH Tamaqua. IN CAUSE OF DEATH [Enlar only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Acute Congestive Heart Failure IMMEDIATE CAUSE (+) burial Myocarditis Conditions, if any, which (b) gave rise to immediate cause (a), stating the underlying Grippe PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY PERFORMED? cute the certificate, writing the word e forwarded to the Chief Medical E. Al. DIRECTOR: Page 3 should be 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury In Part I or Part II of ifem 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) While Not While lectory, streat, office bldg. 95 20c. TIME OF INJURY Month, Day, Yaar (Stata) at work at work 21. I certify that I took charge of the remains described above, held an Autopsy inspection I and in my opinion agent, death resulted from: Natural causes X Accident Suicide Homicide . **Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SSISTANT MEDICAL EXAMINER DATE SIGNED should be for PUNERAL, 1 SIGNATURE DENUTY MEDICAL EXAMINER ELECTRICAL PROPERTY. March 1961. JAMES I. BOYD, M. D. NAME (Typa) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d_ LOCATION (City, town, or country) 40 6 24a. REC'D BY REGISTRAR | '24b. REGISTRAR'S SIGNATURE VS. ATSME 5M 7/59



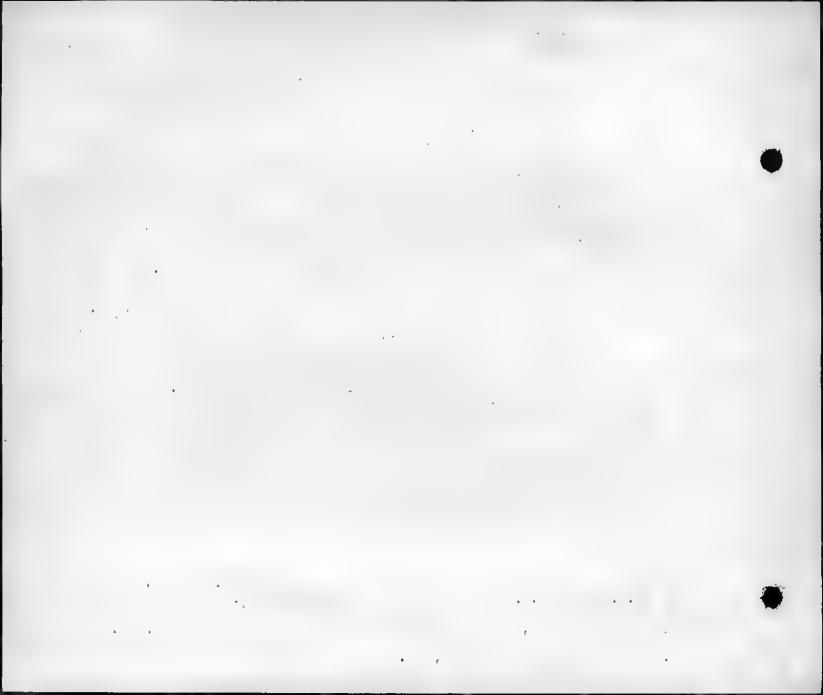
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

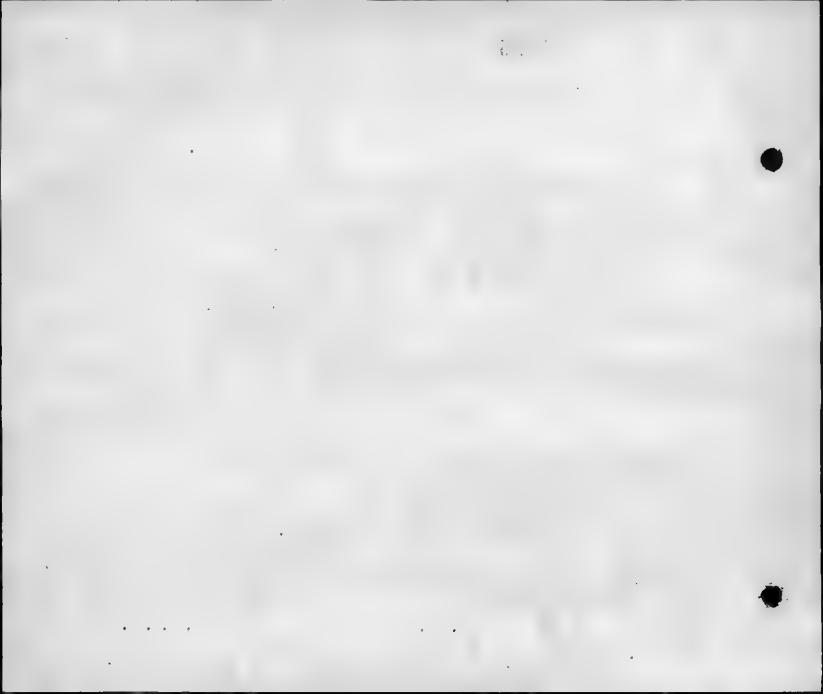
	OTIO	421(11111					()	-CA (13)		
1 PLACE OF DEATH			2. US	UAL RESIDENCE (WI	here deceased		n Residence l	perare admission)		
G. COOM()	Prince Geo	MARYLA!	AD .	Marvl	and.	P COUNTA	Prince	e Georges		
b CITY OR TOWN RURAL and give	(If outside carparote limits, v		1b c	CITY OR TOWN (IF	outside corpor	rate limits, write RU				
-	Cheverly	31 days	1	Belts	wille					
d. NAME OF HOSP OR INSTITUTION	tTAL (If not in hospital, give		d.	STREET ADDRESS				e. IS RESIDENCE ON A FARM?		
Prince	Georges Gener	al Hospital		4405	Tonqu	il Place	3	YES NO		
3. NAME OF DECEASED	First	Middle		Last	4. DATE OF	Mantl	1	Day Year		
(Type or print)	Catherine	E	Cl	Lements	DEATH	Mar	(6 19 6		
S SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE	OF BIRTH		9. AGE (In years last birthday)	Manths Da	YEAR IF UNDER 24 HR		
Female	White W	DOWED DIVORCED	30	May 1898		62 yrs.	Willias Do	lys ridurs min.		
during mast of wo	ION (Give kind of work dans irking life, exen if retired) ISEWILIE	own home	NDUSTRY 11	BIRTHPLACE (State Washin	gton I	D C	U S A	N OF WHAT COUNTRY		
13. FATHER'S NAME		J	14. /	AOTHER'S MAIDEN	NAME					
John S	ullivan					Russ	ell			
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES		17, INFORMA	ANT		Addre	:55			
(185, no, or unknown)	(If yes, give wer or dates of service	91	Walte	er J Clem	ents	Beltsvi	lle. N	ld.		
18 CAUSE OF DE		per line for {a}, {b}, and {c}.]						INTERVAL BETWEEN		
PART I. DE	PART I. DEATH WAS CAUSED BY: Congestive Heart Failure & Bilateral Hydrothorax ONSET AND 11 day									
11	/1 / \ \ Due to									
Conditions, if	any, which) (b)	Myocardial Inf	arctio	n seconda	ry to	ocelusior				
gove rise to	immediate (Dus To		nding cor				11 days			
cause (a), stating		Coronary Arter								
Z PART II O		ONS CONTRIBUTING TO DEATH					N IN PART 1	(a) 19 WAS AUTOPS		
TATE OF THE PERSON OF THE PERS								YES NO		
OR CONTRIBUTIN	20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
Z 20c TIME OF INJU	JRY Month, Doy, Year	20d. INJURY OCCURRED 20		INJURY (Home, form		ar tawn)	(Cau	inty) (Stale		
20c TIME OF INJU		While Nat while of wark O	factory, st	reet, affice bldg., et	c.)					
	1			10	1		10	AT-4 (1) / 1 1		
		ttended the deceosed from						, that (I) (we) la:		
220 SIGNATURE	ased_alive on _	, ond in	or dearn	occurred oil	TOMUTO III	rne couses and	on the o	225 DATE		
	the t		M.D. P	ATTENDING W	AED DIRECTOR [STAFF PHYS		SIGNE		
22c PHYSICIAN'S NAME (Type)		5		2d. ADDRESS 431		latim St	5.			
Dr.A		<u> </u>		Hyattavi	ile,	_Md				
23a BURIAL, CREMATI REMOVAL (Specif	y) .	23c NAME OF CEMETE		ATORY	23d LOCAT	ION (City, lown, a	7.8	(State)		
Burial	March 9,		ncoln	Cemetery						
24, FUNERAL DIRECTO		ADDRESS		25a. REC	AR 1 0 '6	RAR 2Sb REGIS	TRAR'S SIGN.			
r. Gasc	h's Sons Hya	ttsville, Md.		DATE ALL	ANGLE IN C	- V	- DE 1	A. Partina Lie		



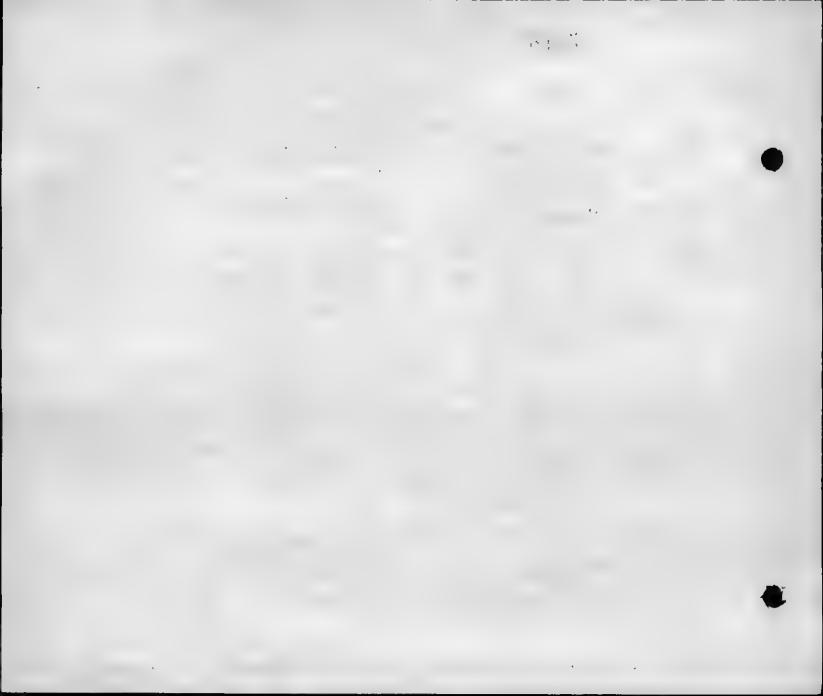
1 1	k.		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
W 04	'	L	3414 CERTIFICATE OF DEATH Reg. Dist. Nd 34(13)
director, filed with		1.	PLACE OF DEATH COUNTY Prince George MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution- Residence before harmanyly) STATE VIATALITY AND b. COUNTY PHINCE GEORGE
be be	(P)		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Hyattsville, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville,
ors ofter de py the fund 2 shauld	X		d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Carroll Manor d. STREET ADDRESS 4929 14a 8alde 149ad ves Note
within 24 ha			NAME OF DECEASED March First Hanes Connor DEATH March 1st 1961
pletely srs. Pag	1)	J	SEX COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH White WIDOWED DIVORCED NOV 20th 1891 9. AGE (In yours If UNDER 14 ARS Months Doys Hours Min
executand com on paper death.		L	S. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) Hettred Stenographer Washington, D.C. 12 CITIZEN OF WHAT COUNTRY? U. S. A.
cate be iician a e carbi rs after		13.	John P. Connor Catherine Agnes Meehan
ng physe remay		15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Address Address Address Address Address Address Address Address Address ACC A ST 100 Address ADDRESS A
the death re attendin hen please ent within			18. CAUSE OF DEATH [Enler only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: Carcinoma of the Bowel with Generalized IMMEDIATE CAUSE (o) ONSET AND DEATH
n, signed by the t permit. Ti			Conditions, if ony, which gove rise to immediate cause (o), stoling the under- lying cause lost. DUE TO Metastasis— (b) DUE TO DUE TO The months is a cause (o) to immediate cause (o) to liquid cause lost.
physicial tos been ial-transi	-	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) PERFORMED? YES NO
tending ificate h the bur			200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II of item 18.)
PHYSIC lal ar at this cert r use as		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p. m. 19 20d. INJURY OCCURRED While Not white of work of wor
t ATTENDING I by the haspit ECTOR: After the detached for ar to burial, cr	1		21. I certify that I attended the deceased from 1/3/1960, 19, to 3/1/1961, 19, that I last saw the deceased alive an 2/28/1961, 19, and that death accurred al2:30Pm, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE SIGNATURE SIGNATURE ACTUAL SIGNATURE SIGNATURE SIGNATURE ACTUAL SIGNATURE SIGNAT
rrained revained IR IR I I			PHYSICIAN'S Thomas F. Collins, M.D. Washington 2, D.C.
may be of FUNE poge 3 the regi		220	BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) BURIAL CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Washington D.C.
VS A15 (4) 15M 10/57		23.	FUNERAL DRECTOR'S SIGNATURE ABDRESS LEON ABOUT STATE MAR 3 161 Colon S. Frank

183-C32112

DIVISION OF STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH plnoy 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare decessed lived, If institution, Residence before admission a. COUNTY b. COUNTY Prince Georges Prince Georges MARYLAND b. CITY OR TOWN (if outside corporete I m.ts. c. CITY OR TOWN (If outs de corporate lim ts, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) W Hyattsville Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Prince Georges General Hospital 8022 Luth 3. NAME OF 4. DATE rbon pape within 72 DECEASED OF COMP (Type or print) DEATH Girl Cooley 19 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SEX 19. AGE (In yeers , IF JNDER 1 YEAR , IF UNDER 24 HRS. 8 DATE OF BIRTH pue lest birthday) Months Devs WIDOWED [DIVORCED 21 March 1961 Female 10s. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY BRIHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dana during most of working I fe, even firetired) none USA Maryland _None 13. FATHER'S NAME MOTHER'S MAIDEN NAME William Beverlev 6 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewer or detes of service) Same Mother. Mrs Beverly Cooley none no 18. CAUSE OF DEATH [Enter on y one ceuse per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which peen gava risa to Immediate causa DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY certificate PERFORMED? Se NO F 2De ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of mury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this 20c. TIME OF INJURY 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) Month, Dey, Yeer fectory, straat, offica bldg., atc.) Not While While et work et work DIRECTOR:, 196/., that (I) (we) last 21. | certify that (I) (this hospital) attended the deceased from. -219 6 ... and that death occurred at 05 MM from the causes and on the date stated above. saw the deceased alive on. L.? 226 DATE 22e S.GNATURE ATTENDING DIRECTOR PHYS. PHYS. N M.D. 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) 1017 FU ector 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 五百 .Geheral Hosvital Cheverly. P.G.Co. Cremation Pri.Geq 0 256 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDR VR A15 (4) DATEAPR 3 15M 9/60 arthur & Haus



ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence COUNTY LINCE MARYLAND b. CITY OR TOWN (if ouls de corporata limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN, I outside corporate limits, write RURAL and give nearest town) write RURAL and give naarest town) Chevery filled in Pages 1 Pages 1 d. NAME OF HOSPITAL OR INSTITUTION , if not in hospital, give street address . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO NO 3. NAME OF DECEASED OF dwoo ed (Typa or print) 196/ DEATH AGE (In years , IF UNDER I YEAR 5. SEX IF UNDER 24 HRS. MARRIED IN NEVER MARRIED Jay) Months Hours physician 10b. K ND OF BUSINESS OR INDUSTRY ARTHPLACE (County & State or for ign country) 12. CITIZEN OF WHAT COUNTRY? dena during most of working life, even if retiged) 13. FATHER'S NAME please attending and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) [(Il yes give war or detes placifica) Φ CAUSE OF DEATH [Enter only one cause per line for (a), ,b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which (6) gava rise to immadiata cause DUE TO (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8), 19. WAS AUTOPSY ORMED? NO 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) etached for 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, Jarm 20f. .City or lown] (State) 20c. TIME OF INJURY Month, Day, Year (County) factory, streat, offica bldg., atc.) While Not While at work at work 21. I certify that (i) (this hospital) attended the deceased from MARCA A to MARCH 22 19.61, that (1) (we) last saw the deceased alive on, 22b. DATE 22a. SIGNATURE ATTENDING STAFF MED X DIRECTOR PHYS. PHYS. M.D 22d ADDRESS 22c. PHYS, CIAN'S NAME (Typa) E.F. 23d. LOCATION (City, town or county (State) 23a. BURIAL, CREMATION. REMOVAL (Spacify) 25a, REC'D BY REGISTRAR | 256 VR A15 (4) 15M 9/60 DATE

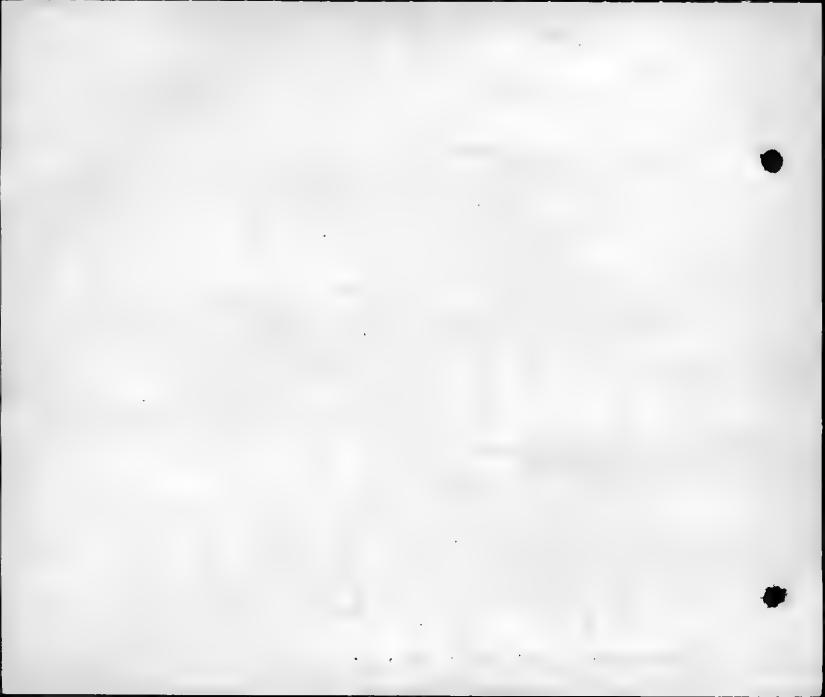


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STR **BALTIMORE 1. MARYLAND** DICAL EXAMINER'S CE! CERTIFICATE 4/17/61.cac. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) e. COUNTY / b. COUNTY . MARYLAND 1. war for a su b. City OR TOWN (if outside corporated imits, c. LENGTH OF STAY IN 16 c. CITY OR-TOWN (If outside corporate I in is, write RURAL and give nearest town) director. write RURAL and give neerest town) for your d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 4014 YES NO L 12462 3. NAME OF DATE DECEASED OF ÷ (Type or print) DEATH with 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | 7. MARRIED WEVER MARRIED 5 n 5 n 2 hours Jast birthday) WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 105. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page during most of working life, even if ratired) within Barber FATHER'S NAME 13 14. MOTHER'S MAIDEN NAME event AS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivaward/datesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Buol ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) 10 Office **DUE TO** bullia Conditions, if eny, which [b] geve rise to immediate couse 60 DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9): 19. WAS AUTOPSY PERFORMED? 2 emat the word Medical NO pino 206 EXTERNAL CAUSE WAS . 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of neury in Part I or Part I of Item 18.) b PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH Chief / 20d, INJURY OCCURRED (20e, PLACE OF INJURY (Home, farm, 20f, (Cly or lown) 20c. TIME OF INJURY (County) (Shie) factory, street, office bldg., elc.) 0 While Not Whie # # B al work al work 19/5 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection and irl my opinion Inquiry 0 forwarded f Ea. death resulted from: Natural causes Accident Suicide C. Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 228. BURIAL, CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) shoi A shoot of its 0 FUNERAL D RECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE MAR 21 5M 7/59



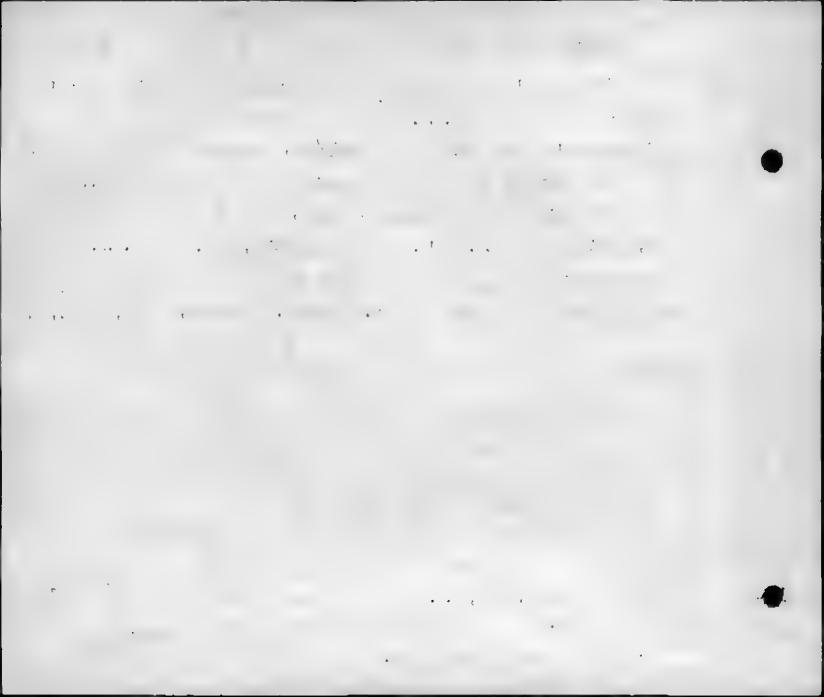
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10 HOSPITAL OR ATTENDING PHINCIAN: the tow requires that the death certificate be executed within 24 hours after death	The may be ined by the haspital ar attending physic an	15	age 3 strould be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1001 should be fil	

			- 01 04/1111			10000
1 PLACE OF DEATH			USUAL RESIDENCE (Wh			e before admission)
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RURAL and give nearest town)	, H	- Asse	1	10		1
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OR INSTITUTION	1 1 1	11	M A AG	1	1	ON A FARM?
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13. FATHER'S NAME	21.16		14. MOTHER'S MAIDEN N	IAME		
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(in yes, give went	or dates of service)		76.30.4	1 2 1	c, d	
18 CAUSE OF DEATH Enter on	nly one couse per ine for (a), (b)	and (c) 1				INTERVAL BETWEEN
PART I. DEATH WAS CAU		11/1	Kranik	-2-11 -1	,	ONSET AND DEATH
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	NG 🗆 206. DESCRIBE HOW IN	JURY OCCURRED.	(Enter noture of injury in I	Port I or Port II of it	tem 18.)	
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXA	F DEATH1					
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21 certify that (I) (this I	hospital) attended the dec	eased from Z	Car 20 12	6/10/26	11 25 196	L, that (I) (we) las
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24 FUNERAL DIRECTOR'S SIGNATURE				D BY REGISTRAR	25b, REGISTRAR'S SIG	NATURE
Francis Gasch's	Sons Hyatts	ville, M	I. DATE MA	IR 2 9 '61	Outline 8	for men

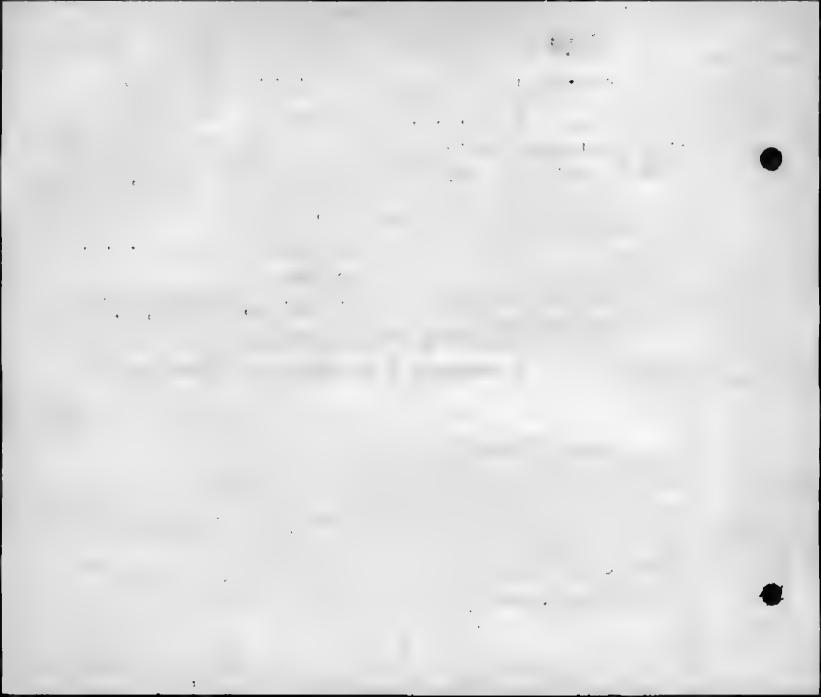


MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEAR FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) brail director, Page of for your files. e. COUNTY B. STATE **b.** COUNTY is necessary Prince George's Maryland Prince George's
c. CITY OR TOWN (If outs de corporate limits, write RURAL and give necrest fown) MARYLAND b. CITY OR TOWN (f outside corporete 1 mits, c. LENGTH OF STAY IN 15 write RURAL end give neerest town) Hvattsville D.O.A. Cheverly

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Prince George's General Hospital YES NO Colesville Road 3. NAME OF DATE DECEASED the ret [Type or print) DEATH F Henry Crosswhite March 20th., 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED ¥ F 9. AGE (In years | IF JNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH age 5 may b 1 and 2 with 72 hours 2, and 3 last birthday) January 23, 1889 DIVORCED [WIDOWED Male Caucasian 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Clerk, Retired U.S. Govit Mountain City. U.S.A. pages 1 Tenn. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Grant Crosswhite Kate Loyd File form | IS. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) ((Ifyesgivewerordelesofservice) None Mrs. Alberta T. Crosswhite. Road Hyatts Md 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), l-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Office **DUE TO** burial gave rise to immediate cause M 10 **DUE TO** (e), stelling the underlying Examiner cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? should be tial, cremative NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Jem 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. cute the smalltrung, be forwarded to the Chief ERAL DIRECTOR, Page 3 20d. INJURY OCCURRED | 20e. PLACE OF INJURY [Home, farm, 1 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year (State) While fectory, street, office bldg., etc.) Not While Hour e.m. el work - el work 21. I certify that I took charge of the remains described above, held en Autopsy ... Inspection 🔽 Inquiry | 7 and in my opinion Natural causes Suicide Undetermined manner death resulted from: Accident Homicide CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE PUNERAL DEPUTY MEDICAL EXAMENER March 20th 1961 EXAMINER'S BOYD, M.D. NAME (Type) JAMES Address (Street, c'ty, town, or county) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 220, BURIAL, CREMATION. DE BENOYAL (Specify) Ft Lincoln Cemetery Colmar Manor Md. 40 6 ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNFRAL DIRECTOR VS. A15ME F. Gasch's Sons Hyattsville Md. MAR 2 2 '61 arthur & House 5M 7/59 DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON EET, BALTIMORE 1, MARYLAND FOR STATE 3420MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Whare daceased I vad, if institution; Residence before admission) Page a. COUNTY **b.** COUNTY Prince George's ILEAVYNEAVO b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 director. your | Write RURAL and give nearest town) Cheverly Stanley D. O. A. d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? Rural Route # Prince George's General YES NO NAME OF DATE Month DECEASED mlis 110 in Item 18. Give Pages 1, 2, and 3 to th James 166L (Type or print) Cubbage March DEATH with 5. SEX 6. COLOR OR RACE B DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 2 with age ⊒ ≡ay 1 and 2 wit 72 hours ≥ last birthday) Male Months Hours WIDOWED A DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) General Virginia U.S. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lewis Cubbage Lucy Pence <u>...</u> for 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INTEREST 1. Mrs Rita Hamilton, Bladensberg, Md Address (Yes, e. or unkown) (ifyesgivewerordetesofservice) Quincey Street 1B. CAUSE OF DEATH (Enter only one cause par line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: HEMURRHAGE MUNAR IMMEDIATE CAUSE (a) burial UBLIRCULOSIS LUNG BILATERAL FAR ADVANCED Conditions, if env. which gava rise to immediate cause DUE TO (a), stating the underlying used PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 e word NO plnods 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH e 3 ° € 20e. PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20f. (City or town) (County) (Steta) factory, street, offica bldg., etc.) Se. 0 While Not While Hour a.m. 라 유 유 at work at work prior p.m. 8 H O H 21. I certify that I took charge of the remains described above, held an Autopsy 🙀 . Inspection 🙀 Inquiry 4 and in my opinion B Natural causes 😾 Accident Surcide Homicide | Undetermined manner death resulted from: forwards L DIREC CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED Should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) DEF NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 40 REC'D BY REGISTRAR REGISTRAR'S VS. A15ME 5M 7/59 DATE APR



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed fived, If institution, Residence before edmission) a. COUNTY Page Health, a. STATE PRINCE GEORGE'S is necessary, director. Pay PRINCE GEORGE'S MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If puts'de corporete limits, write RURAL end give nearest town) your write RURAL and give neerest town! D.O.A. REVERDATE CHIDAUDALES d. STREET ADDRESS BOX a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? #362 YES NO MEMORIAL HOSPITAL 3. NAME OF Midd a 4. DATE Month Day Year within 24 hours after death. If and 18. Give Pages 1, 2, and 3 to the from PM3. Page 5 may be retain. File pages 1 and 2 with the Styrevent within 72 bours after deat DECEASED OF (Type or print) DEATH BIRREGIT MARCH WHIST RY 1961 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. last b'rthdey) Months MALE WIDOWED T DIVORCED Vrs. 10a, USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) POSTAL CLERK U.S. GVIT MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob H. Cuppett Fhith I. Schenk This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: 17. INFORMANT Address (Yes, no, or unkown) ! (If yes give wer or dates of service) in pencil in Item 1 Unknown Mrs. Geneva Compett Same as 12 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] Office along burial-transit r Ç ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ECROTIZING Bud IMMEDIATE CAUSE (a) DUE TO removal, LARGE INTESTINE IVERTICULOSIS. gave rise to immediate cause Examiner's 60 DUE TO (a), stating the undarlying 88 ե causa last. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALDOPSY CERTIFICATION PERFORMED? 2 the word YES NO Medical ULMONARU DEMA should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. ute the certificate, writing to forwarded to the Chief A. L. DIRECTOR: Page 3 st 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) factory, streat, offica bldg., atc.) Whila Not While Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy 17. Inspection Inquiry and in my opinion agent, Undetermined manner Natural causes Suicide Homicide death resulted from: Accident CHIEF MEDICAL EXAMINER designated ACTUAL GISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL DEPUT MEDICAL EXAMINER TX EXAMINER'S JAMES NAME (Type) EOYD Address (Street, city, town, or county) should DEP 224. BURIAL CREMATION NAME OF CEMETERY OR CREMATORY DATE THEREOF 22da LOCATION (City, town, or country) 9356 REMOVAL (Specify) Burne 40 6 24a. REC'D BY REGISTRAR FUNERAL DIRECTO 245. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59

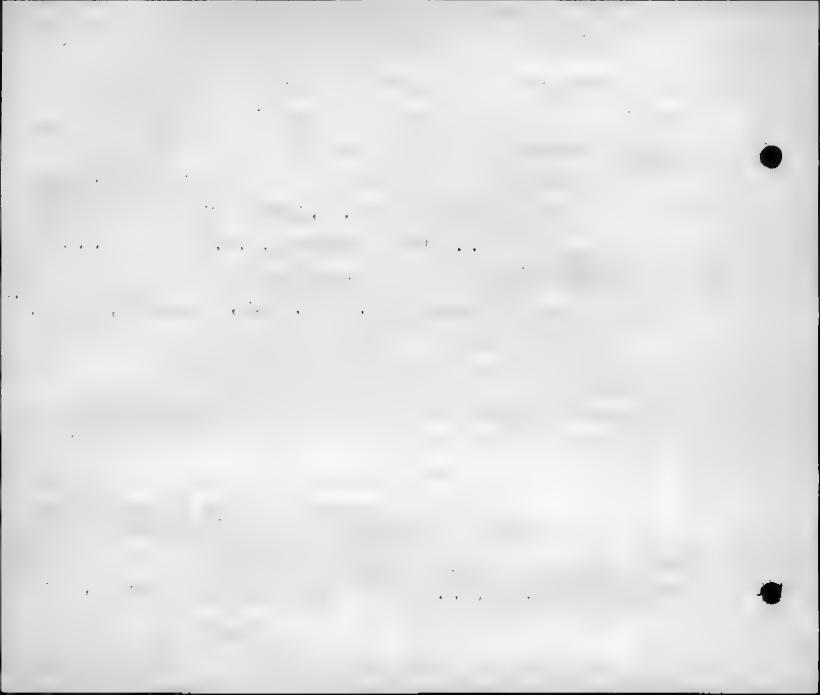


FOR STATE TO DEPART MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a relative stock, and 3 to the please the certificate, writing the word "pending" in pencil in Item 18, Give Pages 1, 2, and 3 to the related director. Page 4 should be forwarded to the Chief Madical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. The same VS. ATSME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, 3422 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If in	
	Prince Georges County MARYLAND	Maryl and	Prince Georges
i	b CITY OR TOWN (.I outside corporeta I mits, c. LENGTH OF STAY N 1b write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate I mits, write f	RURAL end give neerest town)
	Oxen Hill 4. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
	2605 Southern Avenue	2605 Southern Avenue	9 YES NO
3.	NAME OF First Midd's DECEASED	Last 4. DATE Month	Day Year
	(Type or print) LAURENCE FRANCIS	CURTIN DEATH March	27, 19 61
5.	SEX 6. COLOR OR RACE 7. MARRIED 7. MARRIED 8	DATE OF BIRTH 9. AGE (In yeers II lest birthday)	FUNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED N	lov. 11, 1913 47 yrs.	
10a dos	USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	Y 11. BIRTHPLACE (State or fore gn country)	12. CITIZEN OF WHAT COUNTRY?
13.	Clerk FATHER'S NAME JOSEPH U.S. GOV't	Washington, D. C.	U.S.A.
	Laurence John Curtin	Mary Agnes Flynn	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address	2605 Southern Ave.
1			Hill, Maryland.
	PART I. DEATH WAS CAUSED BY: MUCARDIAL I	NEARCTION	ONSET AND DEATH
	4201/ DUE TO	^	
	Conditions, if any, which \ (b) THROMBOSIS CORE	WARY HETERY	
	gave rise to immediate cause (a), stating the underlying DUE TO		
	cause lest, (c)		
8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	N PART 1(e) 19. WAS AUTOPSY PERFORMED?
₹ J	SUBARACHMOID HEMORRHAGE		YES NO
CERTIFICATION		ntar natura of injury in Part I or Part I of itam 18.)	
副		CE OF INJURY (Home, ferm, 20f. (City or town)	(County) (Stata)
WEDICEL	Hour a.m. While Not While fect	pry, streat, office bldg., etc.)	
	21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection K, Inquiry	X. and in my opinion
	death resulted Jom: Natural causes . Accident . Suici	ide , Homicide , Undetermined ma	nner 🗍
		CHIEF MEDICAL EXAMINER	
	SIGNATURE SIGNATURE	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	PURMINDING /	DEPUTY MEDICAL EXAMINER	March 27, 1961
_]	NAME (Type JAMES I. BOYD, M.D. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	Address (Street, city, fown, or county)	and the second second second
228	REMOVAL (Spacify) 3/3 ha 104	+ 0 1	(State)
23.	PUNERAL DIRECTOR AND MAN, 1761 MAT, DLIVE		TRAR'S SIGNATURE
N	to fine of Africa 300-4th Shini	DATE APR 3 '61	7 4 .
	in with the same	TONE MAN OIL CO	was & Transa



STATISTICAL RESEARCH TON STREET, BALTIMORE 1, MARYLAND 3423 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) e. COUNTY bprulice. George Prince George MARYLAND b. CITY OR TOWN (if outs de corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m Is, write RURAL and give nearest town) Hvattsville Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, a ve street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 3105 Rosemary Lane Prince George General Hospital YES NO Month DECEASED 19 61 Mar. (Type or print) Dahl DEATH and cor 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last buthday) 63 yrs. Months WIDOWED DIVORCED [Female 10a. USUAL OCCUPATION (Give kind of work 10b. K ND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or lore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) 11.S.A. 13. FATHER'S NAME 16. SOCIAL SECURITY NO (Yes, no, or unkown) (Ifyesg vewerordatesofservice) Sames as 18. CAUSE OF DEATH [Enter only one cause per line for INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Heard Fortune (a), stating the underlying PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PERFORMED? NO F prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of tem 18 1 (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While _Not While at work at work 22b. DATE 22e. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) PRINCE (SCORGES FU: ecto 123d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Stete) 23a. BURIAL, CREMATION, 23b. REMOVAL (Specify) (EMETERY O 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **VR A15 (4)** 15M 9/60



CERTIFICATION

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18							
	3424 CERTIFICA	ATE OF DEATH Reg. Dist. No. (13413)						
	COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE MAY JANd b. COUNTY Prince Georges						
5	C. CITY OR TOWN (If outside carporate limits, while RURAL and give nearest fawn) SYRNTWOOD LONG LENGTH OF STAY IN 16 LENGTH OF S	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) BYENT WOOD						
•	J. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS 4527-38 \$ 10. IS RESIDENCE ON A FARM? YES \(\) NO \(\)						
- (NAME OF DECEASED Type or print) JOHN FRANCIS	Last 4. DATE Manth Day Year OF DEATH March 26 1961						
5. \$	nale White WIDOWED DIVORCED	B. DATE OF BIRTH Suly 8 1902 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min Syrs.						
100	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUduring most of working life, even if retired)							
13.	John Trancis Day	18. MOTHER'S MAIDEN NAME						
	an or unknown) . Iff we want to deter all control &	Mrs Esther II-ay 4527-38 Th. Ar.						
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cardio Nascular Disage Minferen						
	Canditians, If any, which) (b) Corterio SC	levosis-Bronchal unkny						
	gave rise to immediate cause (a), stating the <u>under</u> lying cause last.	astlina						
CERTIFICATION	Emphysen							
	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Port II of item 18.)						
METTAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work at work	IACE OF INJURY (Home, farm, 20f. (City ar town) (Caunty) (State) (Caunty) (State)						

21. I certify that I attended the deceased from March, 19/95 72 anch 26, 1964, that I last saw the deceased alive on March 24, 1961, and that death occurred at 5 46 PM, from the causes and on the date stated above

ACTUAL SIGNATURE NAME (Type)

220 BURIAL CREMATION 226. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY Arlington Nat. Cem.

22d. LOCATION (City, town, or county) Ft. Myers, Va.

ADORESS 23. FUNERAL DIRECTOR'S SIGNATURE J.Wm. Lee's Sons Co. 300-4th St.N.E.

3-29-61

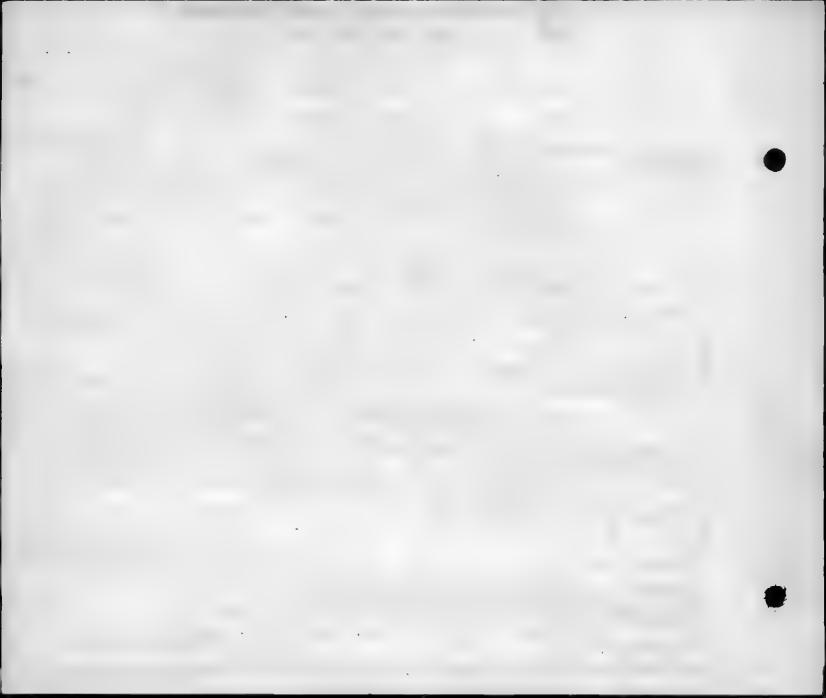
24a. REC'D BY REGISTRAR DATEMAR 2 8 '61

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

Couling S. Three

(State)



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 3425 CERTIFICATE OF DEATH director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) · COUNTY o. STATE b. COUNTY MARYLAND funeral OR TOWN (If outside corporate limits, write pe c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) shauld マスカイ d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? TOME YES NO K FLA NAME OF First DATE Middle Year Day DECEASED Hij. Pages (Type of print) DEATH 19 death 61 5. SEX 9. AGE (In years lost burtidey) IF JNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH campletely Months Days ofter WIDOWED yrs DIVORCED [papers. 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? SIRTHPLACE (State or foreign country) -5 and 115/6 pan 13. FATHER'S NAME MAIDEN NAME physician WAS DECEASED EVER IN U.S. 16. SOCIAL SECURITY NO. 17. INFORMANI Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: 3 miny IMMEDIATE CAUSE (o' DUE TO Conditions, if ony, which gned gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost Ben PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (Stote) Doy, Year (County) foctory, street, office bldg, etc.) Hour o. m. While Not while of work of work p. m 21 I certify that (I) (thichospital) attended the deceased from 2-16-1961, and that death occurred at AM, from the couses and on the date stated above saw the deceosed olive on Marie med by the SGNED 22b DATE ATTENDING PHYS MED. STAFF PHYS M D 22c PHYSICIAN'S 22d. ADDRESS D NAME (Type) 5556- Silver Hill Road S. E. Washb 28,DC Thomas Cleary FUNE FUNE 23a BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) page the Sta REMOVAL (Specify 2 25b. REGISTRAR'S SIGNATURE **ADDRESS** 250 REC'D BY REGISTRAR PONERAL DIRECTOR'S SIGNATURE DAMAR 2 1SM 9/59

24

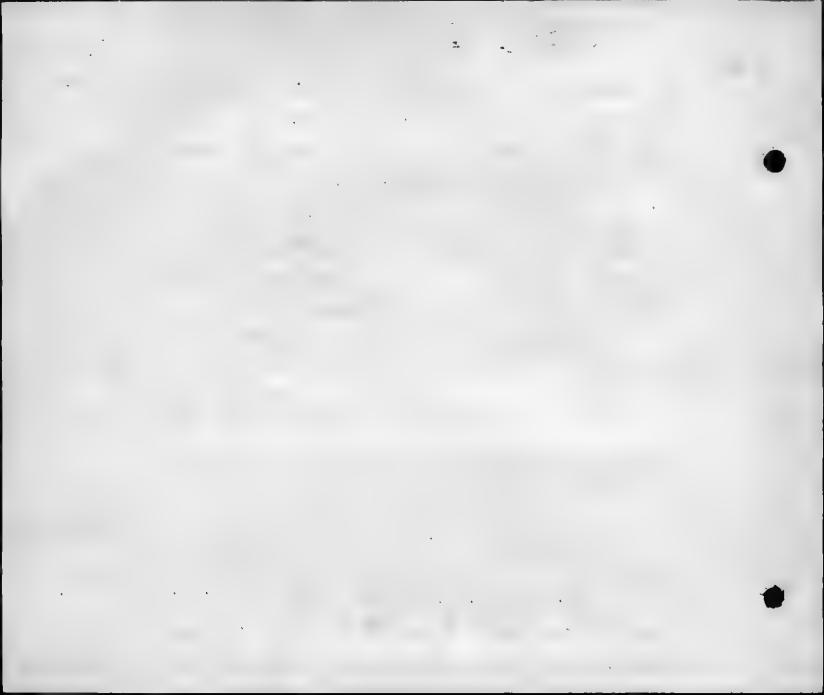




CERTIFICAT funeral within 24 hours after 1. PLACE OF DEATH a. COUNTY by the land 2 s Prijce George
b. CITY OR TOWN (if outside carpareta limits, MARYLAND c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Cheverly filled in Pages 1 days hours after Pages d NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street eddress) Prince George General executed 3. NAME OF M ddle paper in 72 l DECEASED сошо (Type or print) Mary At within carbon 6 COLOR OR RACE T. MARRIED 5. SEX dmath curtificate be physician and Fe. White W DOWED X D. VORCED please remove 10a USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUS NESS OR INDUS done during most of working life, even il ratired) 13 FATHER'S NAME .⊆ hospital or attending physician. certificate has been signed by the attending r use as the burial-transit permit. Then please 15. WAS DECEMBED EVER IN U.S. ARMED FORCES? 16. SOC AL SECURITY NO.1 17 law requires that the (Yes, no, or unkewn) | (If yes give we rordeles of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: Bnowchopn IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) geve rise to immediate ceuse **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SE CERTIFICATION prior 206 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURE DIRECTOR: After this control by the detached for MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PL Month, Day, Year While Not While Hour a.m. at work at work 21. | certify that (i) (this hospital) attended the deceased from March .1961 ..., and the saw the deceased alive on 22a. SIGNATURE 22c, PHYSICIAN'S NAME (Typa) director, be filed Dr. Norman D. Comeau BUR AL, CREMATION, 236. DATE THEREOF death. 23c. NAME OF CEMETER 25b. REGISTRAR'S SIGNATURE 24_FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS

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-	d. 51	REET ADDRES					-		S DENCE
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		Last	4. DA	re .	Month		Day	Year	
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RY 1	1 BIR	THPLACE (Co	ounty & State		country)	-			OUNTRY?
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D. (En	ter na	tura of injury	in Pert I or P	ert II of ite	m 18.)		,		
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		ENDING	MED.		AFF			226	. DATE SIGNED
V.D.	PHY	s. Z	DIRECTOR	РН	YS				
	22d.	ADDRESS 3503	Perry	st.	Mt. I	Rainie	er .	Md.	
OR	CREAL	ATORY			-	ys or count			fate)
de sa	-7-311		24.41	7	1	//		7	



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH director! PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived I institution. Residence before admission) a. COUNTY o. STATE Maryland Prince George MARYLAND Prince George ofter death. funeral b. CITY OR TOWN (if outs de corporole limits, write c. LENGTH OF STAY IN 16 è c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) plaous Mt Rainier Cheverly d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 36th St. YES NO F 1000 Prince George General NAME OF Middle 4. DATE Month Last Day Yeor DECEASED DEATH (Type or print) ages death March 19 Torev Ē Jan Dunn IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years campletely after o lost birthdoy) White Months Fe. WIDOWED | DIVORCED [March papers. 100 LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? hours during most of working life, even if retired) aryland U.S.A. None None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John S Dunn physic Christobel Carter remove IS. WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO 7 INFORMANT Christobel Dunn Address Same NO NO Mother-None attending 1B. CAUSE OF DEATH [Enter only one couse per_lines(or (o), (b), and (c).] INTERVAL BETWEEN Cot & Dr ONSET AND DEATH 1 PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o **DUE TO** á Conditions, if ony, which (b) bau6 Ē gove rise to immediate per DUE TO cause (a), stating the underar attending physician. has been si lying cause last. **burial-transit** CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY crematian, PERFORMED? YES NO I 200 ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, IEnter nature of injury in Port 1 or Port II of item 18.) certificate 6 SD MEDICAL 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, , 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while After this of work of work detached far 61 that (I) (we) last Mar. 23 QT 21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased give March 19.61, and that death accurred at 7.4M. from the causes and an the date stated above DIRECTOR 220 SIGNATURE 22b DATE SIGNED ATTENDING STAFE M.D. DIRECTOR -8 22c PHYSICIAN'S 22d ADDRESS NAME (Type O HOSPITAL page 3 sh the State FUNER m 230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Geø spita Gremation 0 24, FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 256 REGISTRAR S SIGNATURE ADDRÉSS VR A15 (4) DATE APR 3 15M 9/59

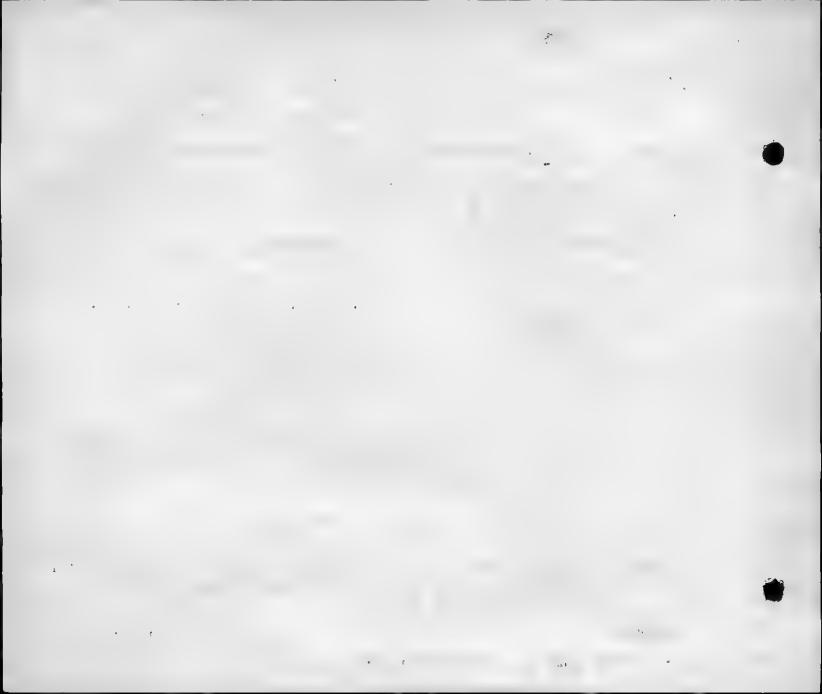


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours areas death. The A may be retained by the hospital or attending physician.

TO FUN AL DIRECTOR: After this certificate has been signed by the attending physician and completely. After this certificate has been signed by the attending physician and completely and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH			
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
3429 CERTIFICATE OF DEATH 0341	}		
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before ed.	mission)		
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURA, and give neerest fow)	jes.		
Che very Y			
	FARM?		
3. NAME OF First Middle Lest 4. DATE Month Dey Year	ио 🔀		
(Type or print) WILLIAM A. DUVALL DEATH 3 - 18 190	01		
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 1 Worlds) Months Deys Hours	Min.		
19ALE WAITE WOOWED DIVORCED 7-24-51 79 yrs.			
106. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Scaffolding CO Owner 105. KND OF BUSINESS OR INDUSTRY 11. BRTHPLACE (County & State, or foreign country) Waryland 12. CITIZEN OF WHAT CO	VOITINI		
13. FATHER'S NAME	-		
John Duvall ? Wilson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown), (Hyesgivewerordelesofservice)	_		
Wm A. Duvall Jr College Park, Md.	2		
IB. CAUSE OF DEATH [Enter only one cause per ting for (a), (b), and (c).] INTERVAL BETT ONSET AND D			
PART I. DEATH WAS CAUSED BY: I Crute De 1 2 mm any 4 et luce of the contract o	-		
420.0 DUETO , 1-1. 1 - D. + OLIS			
geve rise to immediate causa	-		
(a), stating the underlying DUE TO			
couse lest. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS ATT	TOPSY		
	10		
20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of initury in Part II or Part II of Item 18.) OR CONTRIBUT NG CAUSE OF DEATH			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (C ly or town) (County) Hour e.m. While Not While et work et work et work et work et work	Stete)		
21. I certify that (I) (this hospital) attended the deceased from			
saw the deceased alive on \$			
ATTEND NG MED. STAFF March 18	SIGNED		
22c' PHYSICIAN'S	961;		
NAME (Type) Dr. Divartz Back 1726 1 st N W Washington D C			
236. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) REMOVAL (Specify) 7/21/61 Pt Lincoln Mausoleum Colman Management	to)		
Entombment 3/21/61 Pt Ellicoln Mausoleum Colmar Manor, Md.	****		
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES			
F. Gasch's Sons Hyattsville, Md. DATE MARK 21 61 Chilling 2, Thomas			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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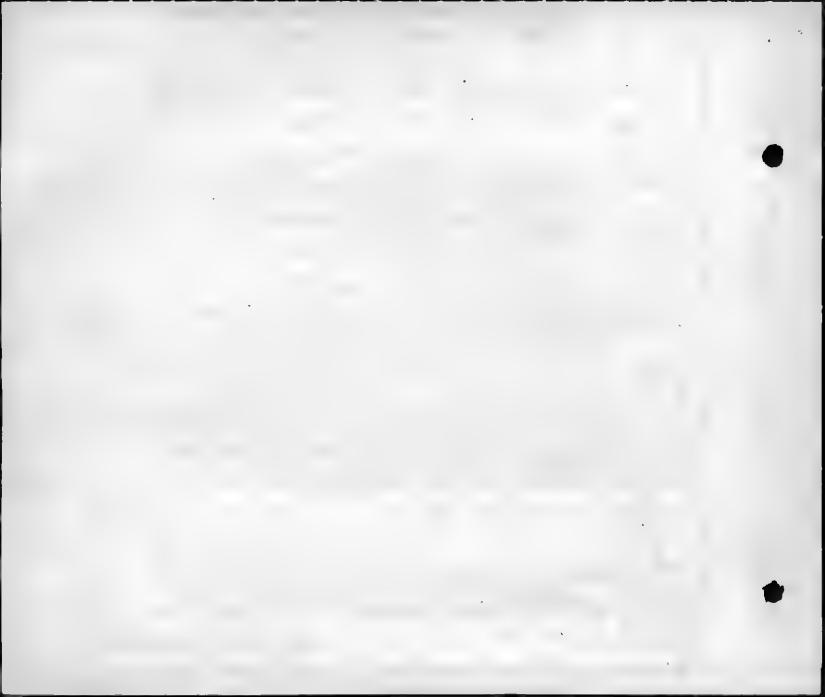
certificate

physician

attending

requires that the death certificate

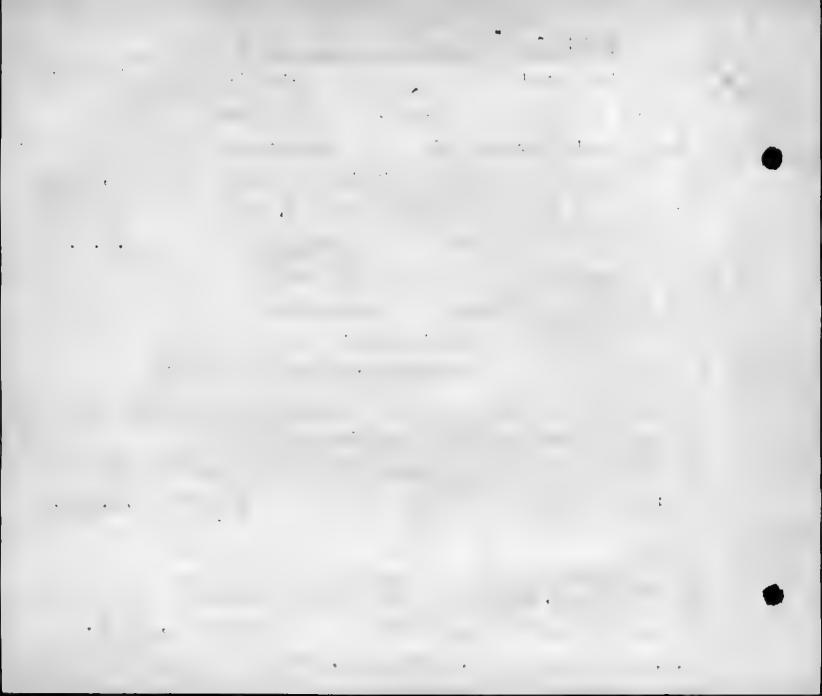
within 24 hours after death.



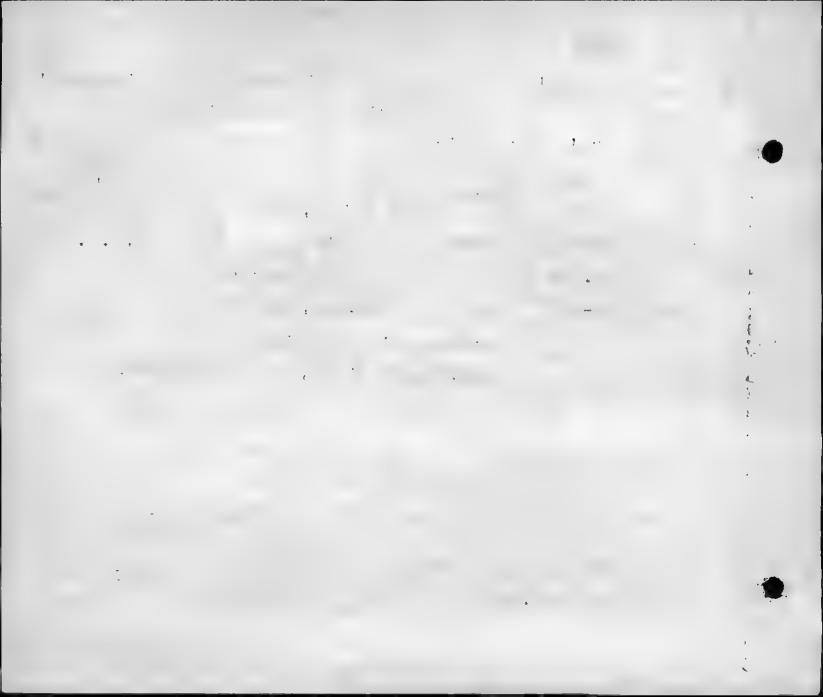
FOR STATE USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) PLACE OF DEATH a. COUNTY a. STATE 6. COLNIY Prince Georges Prince George's MARYLAND b CITY OR TOWN (if outside corporate limits. E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town director, write RURAL and give neerest town) Cheverly 13 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? Prince George's General Hospital YES NO TE 4. DATE 3. NAME OF DECEASED OF (Type or print) Fitzsimmons DEATH 61 Agnes March 10. 19 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED FUNDER 1 YEAR IF UNDER 24 HRS. AGE (In Years lost birthday) Female DIVORCED January tha. USUAL OCCUPATION (G ve k nd of work 106, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if religad) in pencil in Item 18, Give Pages 1, None None Maryland U.S.A. pages with form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Reynolds James Fitzsimmons 15. WAS DECEASED EVER N U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INPORMANT Address (Yes, no, or unkown) | (Ifyesgive werordetesofservice) Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Hypostatic_pneumonia IMMEDIATE CAUSE (a) **DUE TO** Intertrochanteric fracture of the left hip Conditions, if any, which geva rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION Advanced cardiovascular renal disease NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enlar nature of injury in Part I or Part II of item 18.) PRIMARY TO CONTRIBUTING TO CAUSE OF DEATH. Fell and fractured hip at Sacred Heart Nursing Home cute the certificate, writing ute the common of the Chief a forwarded to the Chief AL DIRECTOR: Page 3 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 1 20f. (City or town) Month, Day, Year (County) (Steta) lectory, street, office bldg., atc.) Not While 3/251961 at work el work **Hvattaville** Home prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident -Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for FUNERAL STATE OF STREET DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) ames I. Boyd Address (Street, city, town, or county) 22a, BURIAL, CREMATIO 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify BALTIMORE, 40 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME W. MEARS & SON 805 N. CALVERT 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

BALTIMORE 1, MARYLAND



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If institutions Residence before edmission) I director, Page or your files. **B. COUNTY b.** COUNTY Prince George's Prince George's MARYLAND b CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town] Dead on arrival West Hvattsville Cheverly d. STREET ADDRESS b Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? 5005 36th Place Prince George's General Hospital NAME OF 4. DATE Month DECEASED recuted within 24 hours after death. If an in them 18, Give Pages 1, 2, and 3 to the (Type or print) DEATH March 61 Fox 19 Flovd ige 5 may be and 2 with 1 72 hours afte 6. COLOR OR RACE 7, MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours of UNDER 1 YEAR) IF UNDER 24 HRS. 61 birthdey) Months Hours Male WIDOWED [April 12. DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACK 12. CITIZEN OF WHAT COUNTRY? Page done during most of working I fe, even if retired) pages 1 Postal Supervisor form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bowerize Albert A. Fox Nora File 15. WAS DECEASED EVER IN U.S ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Ad dress permit. (Yes, no, or unkown) ((Ifyesgivewerordetesofservice) Callie Fox. 1919-1922 Same as 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (e) Office DUE TO Rheumatic heart disease, auricular fibrillation {b} gave rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 19. WAS AUTOPSY PERFORMED? • the certificate, writing the word forwarded to the Chief Medical E. L DIRECTOR: Page 3 should be NO A 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office bldg., etc.) While Not While Hour e.m. al work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Co. Inquiry K and in my opinion agent, Undetermined manner death resulted nom: Suicide Homicide Natural causes Accident CHIEF MEDICAL EXAMINER T designated ACTUAL DATE SIGNED should be for SIGNATURE DEPLITY MEDICAL EXAMINERAL EXAMINER'S NAME (Type) James Address (Street, city, town, or county) BURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d_ LOCATION (City, town, or sountry) 22b (State) REMOVAL (Special 40 FUNERAL DIRECTOR REC'D BY REGISTRAR VS. A15ME 5M 7/59



TO HOSPITAL OR ATTENDING PHYSICIAN: The haw requires that the death certificate be executed within 24 hours after a death.

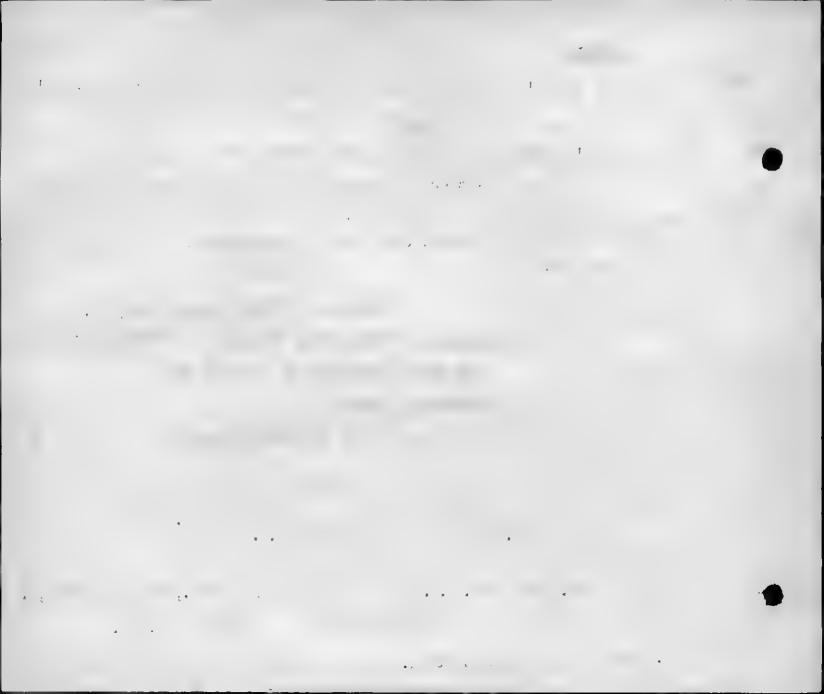
S death.

You have a may be retained by the hospital or attending physician.

You will the DIRECTOR: After this certificate has been signed by the attending physician and comp (Filed in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be signed by the filed with the State Dept. of Health prior to burial, cremation, or removal, and in any every, within 72 hours after death. F. Gasch's Sons Hyattsville Md.

ID STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
97.22 Item 8 Fi	CERTIFICATE	OF DEATH		03425
1. PLACE OF DEATH	Lm (1284 4/4/	2. USUAL RESIDENCE (Where decessed lived, If institutions b. COUNTY	Residence before edmission)
b. City OR TOWN (if outside corporate Limits,	MARYLAND c. LENGTH OF STAY IN 16	Marylan		ce George s
write RURAL and giva nearest town)	1	Branchville	P4.	
Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, give street address)	d. STREET ADDRESS		o. IS RESIDENCE ON A FARM?
Prince George's General 3. NAME OF DECEASED (Type or print)	Middle	5103 Indian A	Venue DATE Month OF DEATH	Day Year
Herlin		Antz DATE OF BIRTH	9. AGE (In years of UNDER I	
Male White WIDOWE	DIVORCED	11/2/85 1886	74 yes.	Days Hours Min.
done during gost of working life, even if retired) Retired US	Agriculture	.1		S A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE.	·
Jacob Frantz		Mary Neisw	ender	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (Yes, no, or unkown) [liyesgivewerordetesofservice]			Address	
no		eanor J Frant	z College Park,	Md.
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e)	ine for (e), (b), end (c).]	author Di	sexetad.A	ONSET AND DEATH
X DUE TO	7		A - A - Frank &	
Conditions, if any, which (b)	- erebral 7t	irom bosis	due to	
(e), steting the underlying DUE TO cause last.		0515		
PART II. OTHER SIGNIFICANT CONDITIONS COL	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART	PERFORMED?
S	COURT HOLD IN LINE OF COURTS	(n) nem	Iblesia)	YES NO I
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	CRIBE HOW INJURY OCCURED	, (Enter neture of injury in rest)	of Pari II of Item (#.)	
ZOc. TIME OF INJURY Month, Day, Year 20d. Hour e.m. While p.m. 19 at wor	Not While fact	CE OF INJURY (Home, farm, pry, street, office bldg., etc.)	20f. (City or town) (Cou	inty) (State)
21. I certify that (I) (this hospital) atten				
saw the deceased alive onMar 20) 1961 and that	death ocquestato m	M, from the causes and on	
220 SIGNATURE	- J	ATTENDING MED.	STAFF PHYS. PR	3/5/ SIGNED
22c. PHYSICIAN'S		22d. ADDRESS		7-16-
NAME (Type) Dr. Peter Duus. M.D. 61 24 Centeral Ave., Capitol Heights				
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stele) REMOVAL (Specify) 3/23/61 FORT Lineals County				
Burial 3/23/61	Fort Lincoln		Colmar Manor Md	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
F. Gasch's Sons Hyatts	sville Md	DATEMAR S	2 2 161 ~ -1 - 4	It with

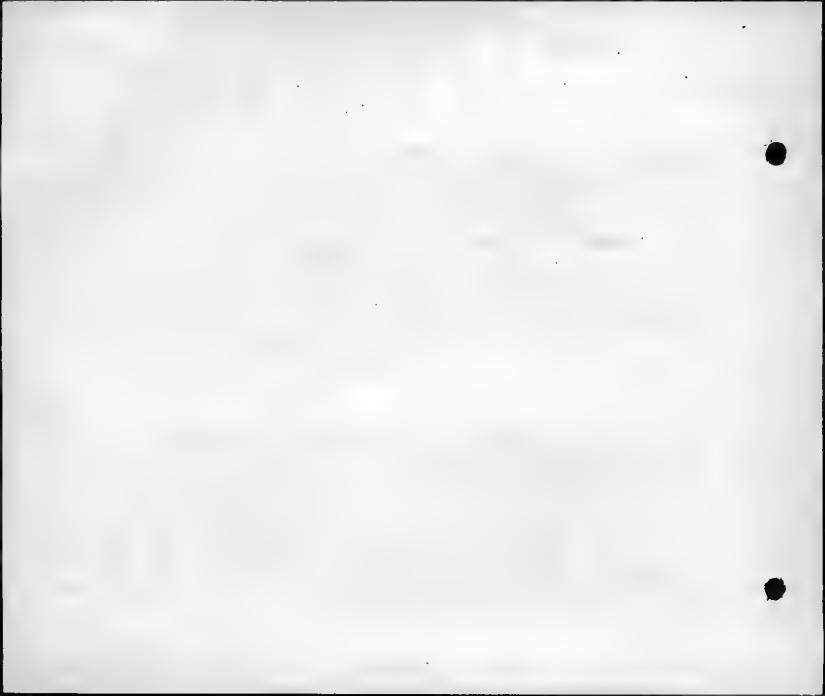


Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) b COUNTY PRINCE is necessary, litector, Page e. COUNTY of Health, a. STATE files. PRINCE GEORGE'S MARYLAND b CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CiTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerast town) WEST HYAPUSVILLE WEST HYATTSVILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 2000 FORDHAM YES NO K SWHON 2000 FORDHAM STREET 3 NAME OF Middle 4. DATE Month 1, 2, and 3 to the ige 5 may be retarend 2 with the St DECEASED OF (Typa or print) affer DEATH MARCH GALIFARO STUBARDA ANTHONY 19 61 5. 6. COLOR OR RACE 7. MARRIED THEYER MARRIED B. DATE OF BIRTH AGE (In yeers LIF UNDER 1 YEAR , IF UNDER 24 HRS. lest birthday) Hours Min. MALE WIDOWED [DIVORCED | 1960 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? uld be executed within 24 hours a in pencil in Item 18. Give Pages 1, done during most of working life, even if retired) U.S.A. NONE MONTE pages | within MARYLAND P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THOMAS J. GALIFARO. Form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ((fyes give wer or detes of service) Office along with SAME AS #2 GALLEARO. This certificate should be executed 1/(0)/40 18. CAUSE OF DEATH [Enter only one cause oer line for (a), (b), and (c).] INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY: and /IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if eny, which (b) gava rise to immediata causa п DUE TO (a), sleting the underlying Examiner' 10 占 cause lest. cremation, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 1 19, WAS AUTOPSY CERTIFICATION PERFORMED? Medical NO | Pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of idem IB.) PRIMARY | or CONTRIBUTING | Surial, CAUSE OF DEATH. 00 20c. TIME OF INJURY Month, Dev. Yeer 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, (City or lown) (County) (State) forwarded to the Chitanana L DIRECTOR: Page factory, street, office bldg., etc.) Whila Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy 🔼 . Inspection 💢 Inquiry end in my opinion death resulted from. Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER 1961 EXAMINER'S JAMES BOYD. should NAME (Type) Address (Street, city, fown, or county) DEP 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION | 22b. DATE THEREOF GATE OF HEAVEN, CEM. 40 24a, REC'D BY VS. A15ME archur S. Kraus 5M 7/59

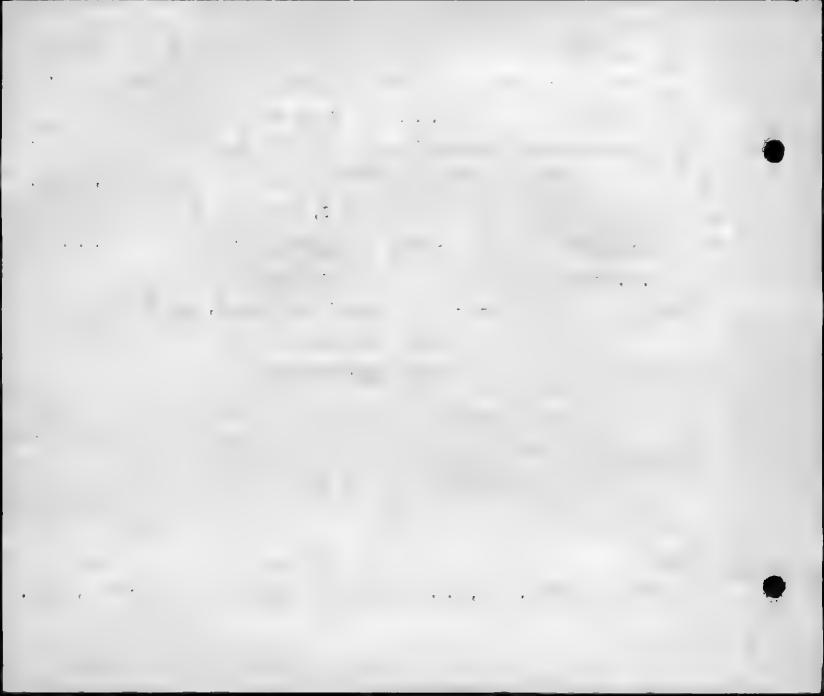


VR A15 (4) 15M 9/59

-	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND						
И		3435	CERTIFIC	ATE OF D	EATH		02/97
Ti.	F	PLACE OF DEATH OCCUPITY Rence George	MARYLAN	Marc	1/and	6. COUNTY Prin	u Geo.
		D. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) J. NAME OF HOSPITAL (If not in hospital, give	21 day	COLLA d. STREET A	OWN (If outside corporate lar	nits, write RURAL and give	e. IS RESIDENCE
6	2	or institution Leland	Memoria/	740	- Columb	Month Me	ON A FARM? YES NO Day Yeor
	Ę	(Type or print) Charlie	MARRIED NEVER MARRIED	Goin	S DEATH N	Jarch 1.	4 19 61 EAR IF UNDER 24 HRS
	MARKIED TO NEVER MARKIED						
	13	during most of working life, even if refired) Retired FATHER'S NAME	coal Miner	Ke 14 MOTHER'S	ntucky MAIDEN NAME	<u>u</u>	,S.A.
		John William	s Goins	B	lle Bi	ray	
7	15. WAS DECEASED EVER IN U. S'ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (1901, no. or unknown) (If you, give war or dotte of service) 403 03 5670 Hospital Reords - Riverdale, Ind						
		18 CAUSE OF DEATH [Enter only one couse PART I, DEATH WAS CAUSED BY	per line for (a), (b), and (c).	ī/	,		INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (o)	aronone	genic	Lorciner	200	
		Conditions, if ony, which) (b)_	·				
		gove rise to immediate DUE TO					
	z	Part II OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH	RUT NOT PELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART II	IN THE WAS A TOPSY
	ATIO	Benjan	annitation	huma	trinki .	DITOR ON EN IN PART I	PERFORMED?
200. ACC DENT WAS UNDERLYING 286. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	MEDICAL	20c TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19	20d. INJURY OCCURRED 20e While Not while of work 0 of work 0	PLACE OF INJURY I factory, street, office	Home, form, 20f. (City or too bldg., etc.)	wn) (Cou	nty) (Stole)
21. I certify that (I) (this haspital) attended the deceased fram. 2 - 15 1960 to 3 - 14 , 1961, that (I) (we) los saw the deceased alive an 3 - 14 1961, and that death accurred at 0.00 M, from the causes and an the date stated above 220 SIGNATURE			, that (I) (we) last				
		22c. PHYSICIAN'S	relie	M D. ATTENDIN PHYS.	DIRECTOR PH	Vis Thradak	and 3 SIGNED
	02	NAME (Type) D, R. PLI	RDIE	Jim	nothing Rd	Kirosde	leng.
7		Burial, cremation, 23b. Date thereof in 3/15/6.	1 Williamsby		Kentuc	C ty, fown, or county)	(State)
	24 E	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		250 REC'D BY REGISTRAR	256 REGISTRAR'S SIGN	
	ľ	'Gasch's Sons Hyat	tsville Md.		DATEMAR 2 0 '61	arilmo S. K.	Last



BYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before edmission) a COUNTY ity is necessary, il director. Page for your files. Page Prince George's Maryland Prince Georges County MARYLAND b CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) for your Write RURAL and give neerest town) D.O.A. Cheverly Riverdale d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g va straat addrass) a. IS RESIDENCE ON A FARM? 4908 Ravenswood Road Prince Georges General Hospital YES NO X 3. NAME OF Furst Middle DATE within 24 hours after death, If ar 8. Give Pages 1, 2, and 3 to the DECEASED OF the Pascal Joseph Gossett (Typa or print) DEATH March 19 with 6 COLOR OR RACE 7, MARRIED NEVER MARRIED B. DATE OF BIRTH ge 5 may band 2 with 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS last birthday) Hours Months, WIDOWED -DIVORCED 1906 Male June 21. TOa. USUAL OCCUPATION (G.ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page 1 dona during most of working life, avan if retired) .S.A. pages within Superintendent Construction South Carolina form PM3. 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INPORMANT Jodie Bagwell Address [Yas, no, or unkown] | (Ifyas giva war or datas of service) Office along with buriel-transit perm Mrs Elizabeth Gossett. same as 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Coronary occlusion MMEDIATE CAUSE (a) DUE TO Caronary atherosclerosis gave rise to immadiata causa 66 DUE TO (a), stating the undarlying Examiner 38 Medical Examination should be used a causa last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? the word NO 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. to the certificate, writing forwarded to the Chief I DIRECTOR: Page 3 s 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stelle) factory, street, office bldg., atc.) Whila Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X, Inquiry X and in my opinion death resulted from: Natural causes 🚣 Accident | Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should Co for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S. JAMES I. 1961. March NAME (Typa)/ DEPU Address (Street, city, town, or county) please e 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, lown, or country (State) REMOVAL (Specify) BLADENS BURG. VARYLAND 4 O 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE MAR 21 arthur & Krous 5M 7/59

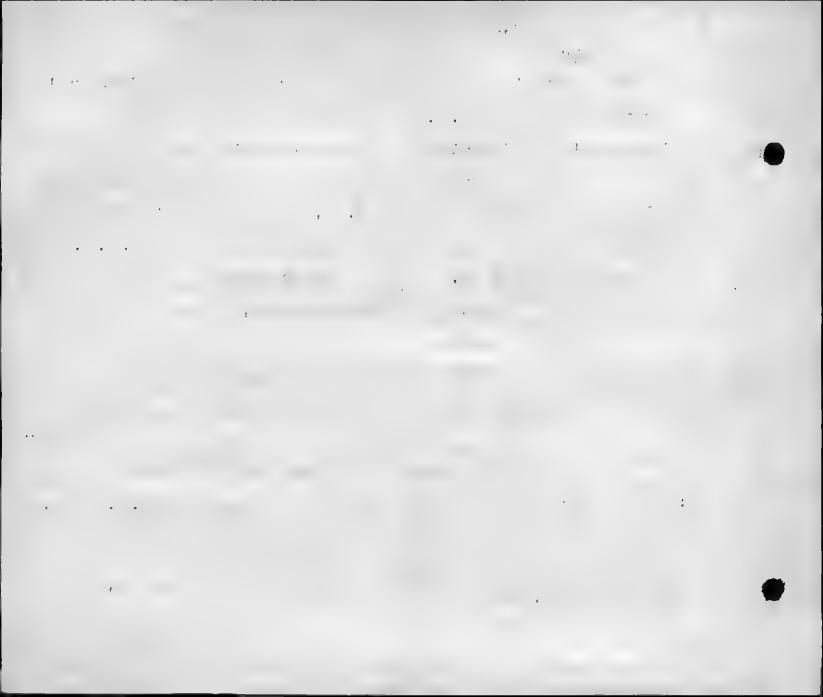


3437 **CERTIFICATE OF DEATH** Reg. Dist. No. with death. Page . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY be filed Prince George Maryland **b.** COUNTY Prince George MARYLAND uneral CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) District Heights Shauld District Heights d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE or institution 19 weber Drive ON A FARM? 19 Weber Drive within 24 hours YES NO Middle Month DECEASED Joseph Gotch March 3rd (Type or print) DEATH 61 10 9. AGE (In years last bythday) 5. SEX 6. COLOR OR RACE 7. MARRIED PE NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Male White March 10, 1880 WIDOWED [DIVORCED [7] 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Retired Engineer Railroad Pennsylvania S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Susan Koltar 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Anna Gotch 19 Weber Drive District Hets 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Conjestive Heart Failure IMMEDIATE CAUSE (a) DUE TO Arterio Sclerotic Heart Disease Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the under-Diabetes Mellitus lying couse last. burial-transit PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PERFORMED? YES NO T 20g ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part III of item 18.) 20c. TIME OF INHURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a. m. Not while of work of work 21. I certify that I attended the deceased from 19/1-1, that I last saw the deceased , and that death accurred at A. A.M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) 3-3-6/DATE SIGNED ACTUAL SIGNATURE St Barnabas Rd Temple Hill, MD PHYSICIAN'S Lewis Parker NAME (Type) 22b. DATE THEREOF 22r NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d LOCATION (City, town, or county) (State) Suitland. Cedar Hill 3-6-196 ADDRESS 131 11th 23. EUNERAL DIRECTOR'S SIGNATURE 24g REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



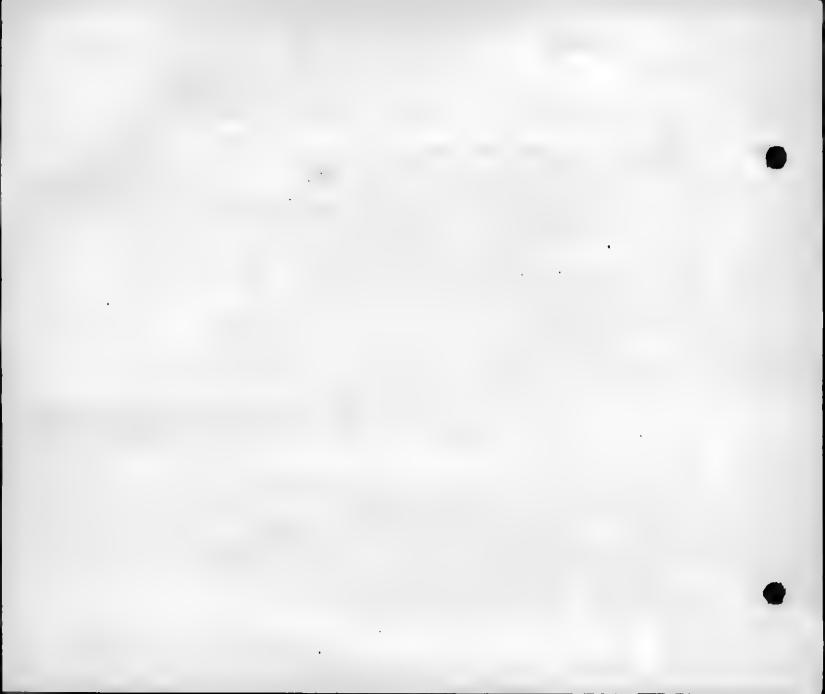
Division of STATISTICAL RESEARCH BALTIMORE 1. MARXIMAND MEDICAL EXAMINER'S PLACE OF DEATH 3438 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edites on) a. COUNTY Prince George's MARYLAND b. CITY OR TOWN (if outs de corporate limits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cheverly Beltsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS e. IS RES DENCE ON A FARM? Prince George's General Hospital 4426 Powder Mill YES NO 3. I AME OF 4. DATE DECEASED (Type or print) DEATH Julius Gray 19 67 March ×iFr Safe 6. COLOR OR RACE 7, MARRIED NEVER MARRIED TO BE B. DATE OF BIRTH 9. AGE (in years | IF UNDER 1 YEAR. IF UNDER 24 HRS. Months! lest birthday) Days Hours WIDOWED | DIVORCED T Dec. 20, 1960 10e USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) None U. S. A. None Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carlton Gray Julius Rosalee Meadows 15. WAS DECEASED EVER IN U.S ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or dates of service) Mrs Rosalee Grav. same as # 2 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (a) DUE TO Smothering in plastic covering on bed gave rise to immediate cause **DUE TO** (a), stating the underlying PART IL OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:01 19, WAS AUTORSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of Item 18.) 20a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. to the Chief Me FOR: Page 3 sho prior to buriel, Face was covered with plastic bag that was on bed 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f, (City or town) 20c. TIME OF INJURY Month, Day, Year (State) factory, street, office bldg., etc.) While Not While 19 61 at work at work Beltsville Home 21. I certify that I took charge of the remains described above, held an Autopsy ... Inquiry Ty Inspection 🛖 . and in my opinion Accident X death resulted from. Suicide Natural causes Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER · DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER -March 25. NAME (Type James I. Boyd Address (Street, city, town, or county) 224. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCAJION (City, town, or country) (Stele) O.F VS. A15ME



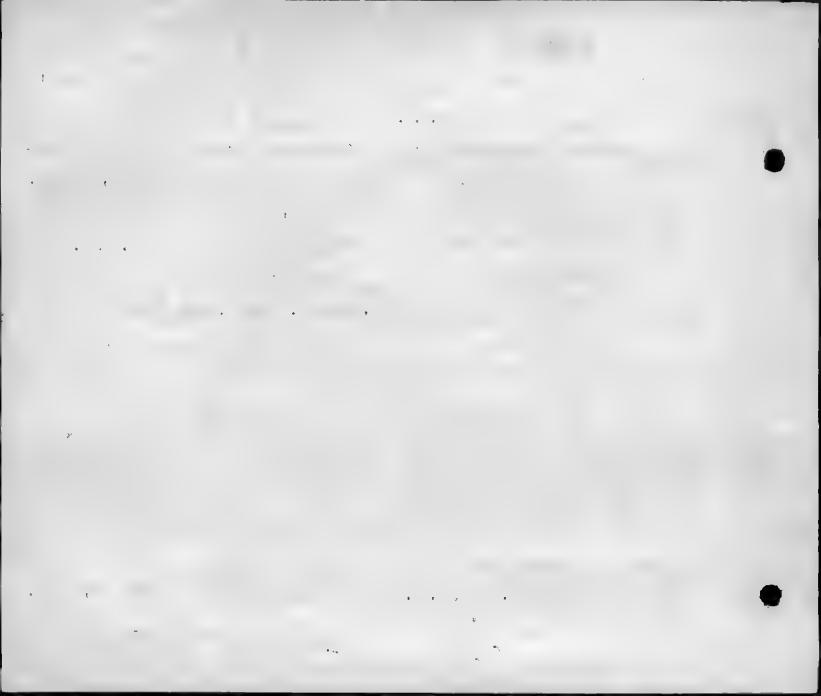
TLAND STATE DEPARTMENT OF REALTH				
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
3439 CERTIFICAT	E OF DEATH			
Item 5 from sirth ce:	rtificate 4/4/6] iwk 13 2. USUAL RESIDENCE (Whare daceased lived, If institution: Residence before admission)			
. COUNTY	a. STAMaryland b. COUNTY			
Prince George MARYLAND	Cacify OR TOWN (If outside corporate im is, write Rukht and give nearest town)			
0110101 12)	n. X Upper Marlboro			
d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give straet addrass)	o STREET ADDRESS o. IS RESIDENCE ON A FARM?			
Prince George General Hospital	Box 3347 R.F.D.			
NAME OF First Middle DECEASED	Last 4. DATE Month Day Yaer			
(Typa or print) Baby	Greenwell OF Mar. 22 1961			
	B. DATE OF BIRTH 19. AGE (IN YOURS IF UNDER 1 YEAR IF UNDER 24 HRS			
Mule Colored widowed DIVORCED	Mar. 22,1961 lest birthday) Months Days Haurs M214			
. USUAL OCCUPATION (Give kind of work and during most of working life, even if relired)	RY 11 BRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? Maryland U.S.A.			
None None	A Divine of section and			
FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Joseph Greenwell	Geneva Sellman			
s. an. or unknown! [[fyasaiya.war.ordatas.ofca.wical]	INFORMANT Address			
No None Mc	other Geneva Greenwell Same			
18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH			
7/2. E DUE TO				
122 2				
gava risa to immadiata causa				
(a), stating the undarlying DUE TO				
causa last. (c)	TO THE TO THE TRANSPORT COMP TO A CHIEF IN THE TABLE A TOPIC			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (16): 19. WAS AUTOPSY PERFORMED? YES NO			
206 ACCIDENT WAS UNDERLY NG ☐ 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Entar natura of injury in Part I or Part II of item [8.)			
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLA				
Hour a.m. While Not While fact	tory, strael, offica bldg., atc.]			
21. I certify that (I) (this hospital) attended the deceased from.				
saw the deceased alive on. Mar. 22				
226. SIGNATURE ATTENDING AMED. STAFF 226. DATE SIGNED				
226. SIGNATURE Thomas A. Christenska M.D. Attending Med. STAFF SIGNATURE 226. DATE SIGNATURE 3/24/61				
22c. PHYSICIAN'S				
NAME (Type) Thomas A. Christensen	Balto. Ave., College Tark. Md.			
BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City/town or county) (Stata)			
REMOVAL (Specify) Cremation 3/87/61 Pr. Ggo. Genera	A Hospital Cheverly, P.G.County, Md.			
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			
ARBY W. PENE Blens W Veen	DATE APR 3 '61 Walley & H			
	A AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 3446 director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY filed b. COUNTY/ MARYLAND RINC funeral CITY OR TOWN (If outside corporate amits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þe RURAL ghd give nearest toyet? 팅 ar e. IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS ON A FARM? YES NO DATE OF DEATH NAME/OF Middle 4. Month Year DECEASED within 24 Pages 1 Fille (Type or print) 1960 r death S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months -Days COWIDOWED D DIVORCED yrs papers. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? hours pup pan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address attending please 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: GUMLA Actorolic IMMEDIATE CAUSE (a) DUE TO é Conditions, if ony, which has been signed gove rise to immediate **DUE TO** cause (a), stating the underlying couse last. ar attending physician. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY cremation, PERFORMED? YES NO 16BRCA 20 □ ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18) After this certificate the MEDICAL 20c. TIME OF INJURY Month, 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f, (City or Jown) Doy, Year (County) (Stote) factory, street, office bldg., etc.) Hour a.m. Whie Not while ol work of work detached far 21. I certify that (I) (this hospital) attended the deceased fram _, that (I) (we) lost 19 4, and that death occurred of 20M, from the couses and on the dote stated obove. ined by the DIRECTOR: sow the deceased alive on 220 SIGNATURE 22b, DATE SIGNED **ATTENDING** MED.
DIRECTOR STAFF pe PHYS M.D PHYS. HOSPITAL OR Board 22c. PHYSICIAN'S pluous 22d. ADDRESS NAME (Type) page 3 sh the State FUNE 230 BURIAN, CREMATION, 236, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 24. FUNERAL DIRECTOR'S SIGNATURE 250 REGID BY REGISTRAL 25b. REGISTRAR'S SIGNATURE Cirching S. Thomas VR A15 (4) 1SM 9/59



EET. BALTIMORE 1. MARYLAND FOR STAT RAZMEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if institutions Residence before admission) Page a. COUNTY b. COUNTY Prince George's Maryland files. Prince Georges County MARYLAND b. CITY OR TOWN (if outs da corporata limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. Write RURAL end give neerest fown) Cheverly D.O.A. Hillcrest Heights d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM Prince Georges General Hospital 2210 Jameson Street YES NO X 3. NAME OF Midd a 4. DATE DECEASED (Typa or print) Jeannette Cecilia DEATH March 19 61. with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In yours I IF UNDER 1 YEAR) IF UNDER 24 HRS. may 2 with age 5 may and 2 with 72 hours last birthdey) Months Temale WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY I 11 BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Housewife Pages Own Home Maryl and pages 13. FATHER'S NAME form PM3. 14. MOTHER'S MAIDEN NAME William Dean in pencil in Item 18. Give Amanda Grav 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (liyas givewar or detas of service) Mr. Frank C. Guth Jr. same as 18. CAUSE OF DEATH [Enter only one cause par tine for (a), (b), end (c)] INTERVAL BETWEEN ONSET AND DEATH Office alon burial-trans DEMA and FATTY LUFILTRATION LINER ercbral IMMEDIATE CAUSE (a) DUE TO removal, meprobomate poisoning cave rise lo immediale cause 10 DUE TO (e), stating the underlying cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? e word YES X NO ъ 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of itam 18.) PRIMARY TO OF CONTRIBUTING TO Took an overdose of meprobomate. Was mentally disturbed. CAUSE OF DEATH. cute the certificate, writing forwarded to the Chief L DIRECTOR: Page 3 20c. TIME OF INJURY , Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f., (City or town) (County) (State) While / Not While factory, street, office bldg., etc.) -1961 et work at work Home Hillcrest Hgts P.G. Md. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X. and in my opinion agent, death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED shou of be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER:S JAMES I. BOYD, M. D. March NAME (Type) Address (Street, city, town, or county) 226. SURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country REMOVAL (Spacify) OF FUNERAL DIRECTOR REC'D 89 REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME writing & Thous 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	3442	CERTIFICA	IE OF DEATH	113434	
)	1. PLACE OF DEATH COUNTY Prince George	MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Res COUNTY Primaryland b. COUNTY Primaryland	idence before odmission) ince George	
	 CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) 	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL of	and give nearest town)	
*	Cheverly	18 Days	Brentwood		
1	 d NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?	
	Prince George's General F	lospital	3722 Sheppard St.	YES NO I	
	3. NAME OF First DECEASED (Type or print) David	Middle	Hall 4. DATE Month OF DEATH March	3 1961	
	S SEX 6 COLOR OR RACE 7. MARRI	IEDE NEVER MARRIED	B DATE OF BIRTH 9 AGE (in years IF UN lqst birthday) Mont	the Dove Hours Min.	
)	Male White WIDOWE		Feb. 24, 1912 49 yrs.	no boys Hoors Min.	
	10a USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) Service Man Gr	KIND OF BUSINESS OR INDUS	ers New Orleans, La.	CITIZEN OF WHAT COUNTRY?	
	13. FATHER'S MAME	Fall	Ella M. Cooley		
	15. WAS DECEASED EVER IN U S ARMED FORCES? 16 [Yes, no. or unknown] [If yes, give wor or date of page row] Yould Year 2	50CIAL SECURITY NO. 17 IN 19-24-5572 B	Canche S. Hall - 1	ife.	
	1B. CAUSE OF DEATH [Enter only one couse per lin PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate	o'ror (o). (b). and (c).) Electively	The Imbalouce Swall & Large Salesten	interval between onset and death	
	tying couse lost DUE TO	rombous	mesenteric artery	1 week	
)	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO	
		TRIBE HOW INJURY OCCURREN	D (Enter nature of injury in Part I or Part II of item 18.)		
	Hour o.m. While		ACE OF INJURY (Home form, 20f. (City or town) ctory, street, office bldg., etc.)	(County) (State)	
	saw the deceased alive an March 3.	19_61 , and that d	teath accurred 5:207. Nom the causes and an		
1	22c Physician's NAME (Type) Pr. Benjami	n S. Miller, M	22d. ADDRESS' 3824; 34th St. Mt R	ainier, Md.	
	230 BUR AL, CREMATION, 230 DATE THEREOF REMOVAL (Specify) 3/7/6/	230 NAME OF CEMETERY O	R CREMATORY 23d LOCATION (City, town, or country attorns)	(Stote)	
,	24 FUNERAL DIRECTOR'S SIGNATURE/ Nachays Time at Home	ADDRESS ACTOR OF	250. REC'D BY REGISTRAR 256 REGISTRAR 261	S SIGNATURE 2. Kraua	
	Inc.				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be each of by the haspital or attending physician.

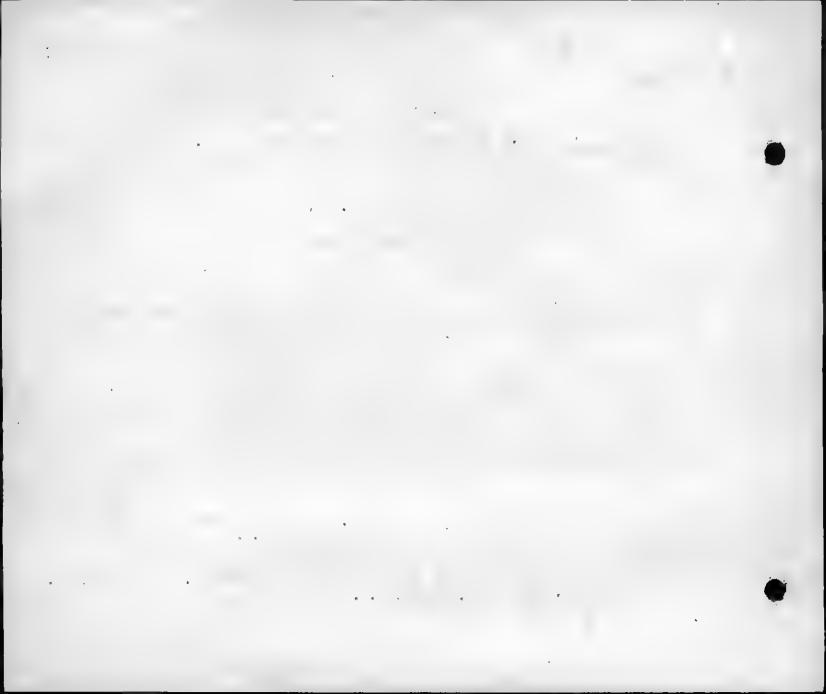
TO FUNE

TO FUNE

TO FUNE

Should be detached for use as the burial-transit permit. Then please remains carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remaind, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59



death. At DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral of a completed by the form of the following the foll TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 113435 3443

	1. PLACE OF DEATH a. CONTINUE GEORGE MARYLAND	2. USUAL RESIDENCE (Where decessed lived, if nativation, Residence before admiss on) 5. Sixeryland 6. COUNTY Prince George
	b. CITY OR TOWN (fouts de corporata limits, c. LENGTH OF STAY IN 1b Cheverly 2 Days	Jefferson Heights
4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va street address) Prince George's General Hospital	1012 56th Place
	3. NAME OF DECEASED (Type or print) Daisey (Daisy)	Hammond Death March 16 1961
	Female Colored W.DOWED DIVORCED	Apr • 8, 1881; 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
_	106. USUAL OCCUPATION (G vs kind of work 106. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired) Housewife 13 FATHER'S NAME	Atlanta, Georgia 14. MOTHER'S MADEN NAME ATTICLE (County & State or foreign country) 12. CIT ZEN OF WHAT COUNTRY 14. MOTHER'S MADEN NAME
	Charles Frambro 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. I [Yas, no, or unknown] [(Hyas give war or datasof service)]	Agnes Shell
	TB. CAUSE OF DEATH [Enter only one cause pec live for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), DUE TO Conditions, if any, which gave rise to immediate cause (a), staling the underlying cause last. (c)	Clarence F. Hammond, Jr. 1012 56P1. Interval Between onset and Death Clarence F. Hammond, Jr. 1012 56P1.
	PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES K NO
,), (Entar neture of injury in Part I or Part I of Itam 18.)
	Hour s.m. Whila Not While feet	ACE OF INJURY (Homa, farm. 20f. (C'ty or town) (County) (Slete) tory, streat office bldg., alc.)
	22 SIGNATURE	Mar. 11 1961 to Mar. 16 , 1961, that (i) (we) last death occurred at 9.52 M, from the causes and on the date stated above. ATTENDING MED DIRECTOR STAFF MARKET STAFF 22d. ADDRESS 6311 Baltimore Ave., Riverdale, Md.
	238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY Burial 3-22-61 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Prial Park Beltsville, Md.
	Molline Myrtle K. 4339 Hungs	PO NE DATEMAR 21 '61 Cultura & the



Division of STATISTICAL RESEA STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, if institution: Residence necessary, actor, Page a. COUNTY, Helen Friedrich COUNTY MARYLAND b. CITY OR TOWN (if outside corporate fimils, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) director. write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) ö e. IS RESIDENCE ON A FARM? CCI retained he State YES NO A 3. NAME OF Middle 4. DATE Year DECEASED OF 2 (Type or print) DEATH 19 With 6. COLOR OR RACE 8, DATE OF BRTH AGE (n years IF UNDER I YEAR 7. MARRIED NEVER MARRIED IF UNDER 24 HRS may 2 wit Months Hours Jd 2 hour DIVORCED 10a. USUAL OCCUPATION (Give land of work 10b, KIND OF BUSINESS OR INDUSTRY done during most of working life fever if retirad) House pages 13. FATHER'S NAME MOTHER'S MAIDEN NAME DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, non unkown) [(Ifyesgivewarordatesofservica) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause **DUE TO** (a), stating the underlying PART II OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 a, 19. WAS AUTOPSY CERTIFICATION PERFORMED? ھ NO v 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Iem 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 1 20d. INJURY OCCURRED ; 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) the Chie 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) While Not While al work at work p.m. 0,35 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Inquiry DIRECTO death resulted from: Natural causes 1 Accident Suicide Homicide [Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE > **EXAMINER'S** NAME (Type) \ Addrass (Streat, elty, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. TOCATION (City, town, or country) REMOVAL (Specify) ᆼ 40 Kemoval ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE A15ME e Huntt Funeral Home, Waldory DAMAR 6 arthur S. Krous



AND STATE DEPARTMENT OF HEALTH RECORDS. FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Health, a. COUNTY (.) director. Page b. COUNTY/ MARYLAND b. CITY OR TOWN (if outside corporate film ts, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside e corporate I mils, write RURAL and a ve nearest town write RERAL and give-nearest town) d STREET ADDRESS 3. NAME OF Middle Month DECEASED 3 to the VIVDE or printle DEATH with/ 9. AGE [In years NEVER MARRIED last birthday) Months DIVORCED 10a. USJAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if ratired) 14. MOTHER'S MAJDEN NAME 15% WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, po, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CHE TO Conditions gave rise to immediate cause **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 8) 19, WAS AUTOPSY cremati pinous 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of noury in Part I or Pert it of sem 18.) 208. EXTERNAL CAUSE WAS PR MARY Tor CONTRIBUTING TO Chief age 3 s 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c. TIME OF NJURY 20f. (City or fown) factory, streat, office b.dg., etc.) While Not While at work al work prior forwarded to the DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | Inquiry death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER PUNERAL 1 SIGNATURE EXAMINER'S NAME (I /pe) Address (Street, city, town, or county) 22a, BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City town, or eduntry) REMOVAL (Specify) **₹**0 24b. REGISTRAR'S S.GNATURE Funoral Home

ON A FARM? YES NO

IF JNDER 24 HRS.

Hours

ONSET AND DEATH

PERFORMED?

NO

(Sfale)

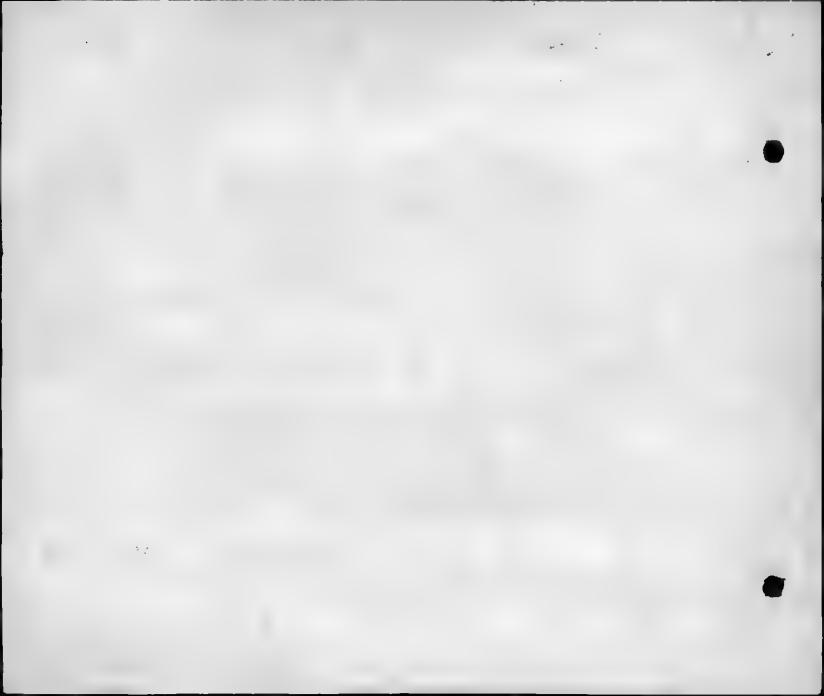
DATE SIGNED

Calling & House

DATMAR 2 2 161

12. CITIZEN OF WHAT COUNTRY?

VS. A15ME 5M 7/59



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be my ed by the haspital or attending physician.

TO FUNERA RECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be fitted with the state Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

moy be mo

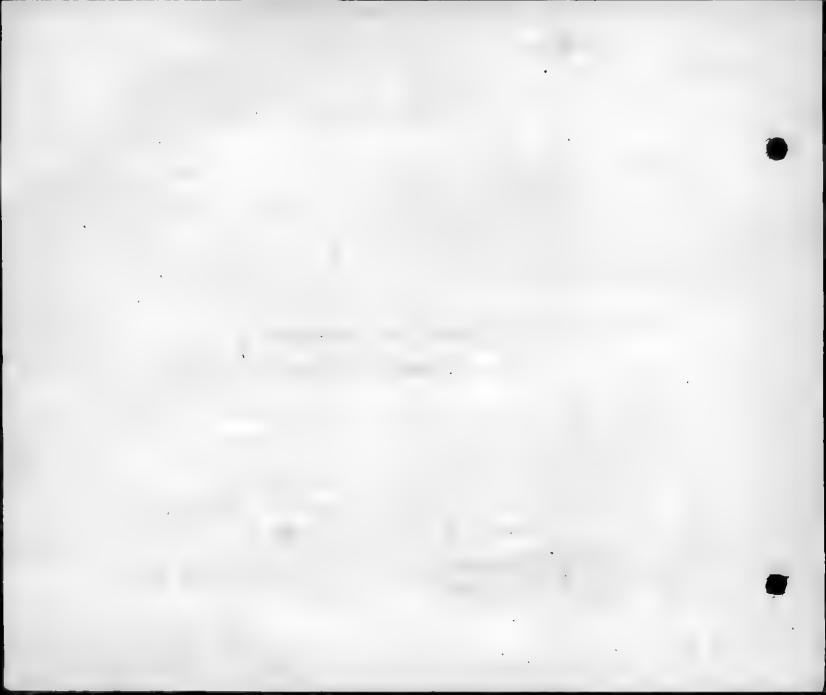
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

3446

03438

1		· PLACE OF DEATH · COUNTY FINCE Kleriac MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a STATE b. COUNTY While SIGNAL
/		b. CITY OR TOWN (If outside corporate limits, write RURAL and give neures! tawn) Taking fark GRANDA	53 Takoma Fank
		or INSTITUTION STATES (CHIEFLE)	d. STREET ADDRESS. 913 KSLEUZWOTH QUENUL - SES NO D
*		NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DECEASED (Middle B) NAME OF DECEASED (Middle B)	ECHMER DEATH March 13 1961
		Dervale White WIDOWED DIVORCED A	PATE OF BIRTH PAGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Manths Days Haurs Min
		Da. US JAL OCCUPATION (Gree kind of work done during most of working life, even it refired) Himerrakic A Home	Grafton, West Va. U.S.a.
		William Luthke	Marie Frederickson
		5. WAS DECEASEDEVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO 17 INFO	a Mildred M Hickmer (Same as #2)
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	rouloge Interval Between ONSET AND DEATH 40 Novel
		Canditions, if any, which gove rise to immediate cause (a), stating the under-lying couse cast.	ascharased Beneralized 10 years
-6,	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES \(\bigcap \) NO \(\bigcap \)
	1 CERTIF		(Enter nature of injury in Part I or Port II of item 18.)
	MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d, INJURY OCCURRED 40e. PLAC While 50 wark 50 twark 50	CE OF INJURY (Home, farm, 20f (City or town) (Caunty) (State) ary, street, affice bldg., etc.)
			ath accurred M, fram the causes and an the date stated above
			D. ATTENDING MED STAFF 13 MO1 1961
		120c PHYSIC ANS NAME (Type) M. B QUEEN	TAKOMA PANK, Md.
		7-00 0-00	enely, Grapton, week Virginia
	24	Juripus Waxlus, 254 Carrell St 201.	DATE MAR 1 6 '61 Calling & Kanada



3447 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) o. COUNTY o. STATE b COUNTY MARYLAND funerol b. CITY OR TOWN (If outside corporate limits/write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) 9 RURAL and give nearest town) pluods the d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1/-NAME OF Middle 4. DATE filled OF DEATH DECEASED (Type or print) 9 AGE (In years S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday) DIVORCED WIDOWED | 6 YES copers. camp 106. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY, 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physici IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. **INFORMANT** Address attending CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ₫ DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gned gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 200 ACC DENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Doy, Year 20d. INJURY OCCURRED foctory, sireet, office bldg , etc) Hour o. m White Not while of work p. m. of work 196/that I last sow the deceased 21. I certify that I attended the deceased from and that death occurred at 9 -11 M, from the causes and on the dote stoted above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNERA DATE THEREOF 22d LOCATION (City, lown, or county) BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

2 **VS A15 (4)**

1SM 9/SB

IS RESIDENCE

ON A FARM? YES NO F

Year

19

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES NO

> > (Stote)

DATE SIGNED

(Stote)

Days

(County)

Months

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arilyon & thrus



YR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

3448

CERTIFICATE OF DEATH

		TEM IT III UZU					
ı	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residen	ce before edmission)			
ı	1	prince George MARYLAND	a. STATE b. COUNTY				
ı		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	e. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest fown]			
ı		write RURAL and give neerest town) Cheverly 2 days	Laurel				
3	-75-00	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS	. IS RESIDENCE			
P		Prince George General	# Box 317 Route #1	ON A FARM?			
ı		NAME OF First Midd a	Last 4. DATE Month Dey	Yeer			
١		OFFICE ASED (Type or print) Rose	PLEATH 3- 31.	19 61			
	5.	SEX 6. COLOR OR RACE/7/MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR	IF UNDER 24 HRS.			
ı		Fe/ White WIDOWN DIVORCED	8-4- 19 (00 last birthdey) Months Days	Hours Min.			
ı	10a	. JSUAL OCCUPATION (Give kind of work ne during most of working life, even if whited)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN C	OF WHAT COUNTRY			
		Hans ente	Butteren The US	5 A			
	13.	FATHER'S NAME (TOURS)	14. MOTHER'S MAIDEN NAME				
		Converse	a stable unknown				
			NFORMANT Address	. 5. 7			
	(Ye	is, no, or unkown) (liyesgivewerordatesofservice)	10. I shall the	nel			
	- 7	1B. CAUSE OF DEATH [Enter only one cause gas line for (e), (b), and (c).)	rances parkett, raing	TERVAL BETWEEN			
Į		PART I. DEATH WAS CAUSED BY:		NSET AND DEATH			
1		IMMEDIATE CAUSE (6) JURILLAR (NO	org i wincourses				
		332 X DUE TO 4/	1 to 1 7/ A.				
		Condition, if any, which) (b) Alphilleria .	er. Dec. Vasc. Mis.				
		gave ris to immediate cause [8], stating the underlying DUE TO					
		ceuse lest. (c)					
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS ALTOPSY			
	CATION			YES NO TO			
	th.	200. ACCIDENT WAS UNDERLYING .) 200. DESCRIBE HOW INJURY OCCURED). (Enter nature of in ury in Pert I or Part II of Itam 18.)				
1	CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	AL		ACE OF INJURY (Home, ferm, 2Df. (City or town) (County)	(State)			
	MEDICAL	at week at week	tory, street, office bldg., etc.)				
ı	2	p,m, 17 L	40	2 (0) () (
		21. I certify that (I) (this hospital) attended the deceased from.					
		saw the deceased alive on3.31	death occured at 2.5.40 time. The causes and on the di				
		220. STGNATURE	ATTENDING MED STAFF	22b. DATE SIGNED			
		X/1/00 ming compros	I.D. PHYS. DIRECTOR PHYS.				
		220' AHYSICIAN'S NAME (Type) Dichard T Cormton M D	612 Main Street				
		Richard J. Compton, M.D.					
	238	REMOVAL (Spoc SO)	OR CREMATORY 23d. LOCK TON (City, lown or cynty)	(Stefa)			
	1	Burist Chil 3 1961 St Man	of Cemeley Lawel Md				
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REOD BY REGISTRAR 256. REGISTRAR'S SIGNA	4			
	1	TE White It malde me Toured	DATE APR 7 '61 Orthur S. Fr.	Assa			
	1	-10-411-601-06-11-1-C-4-1-60-60-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6					

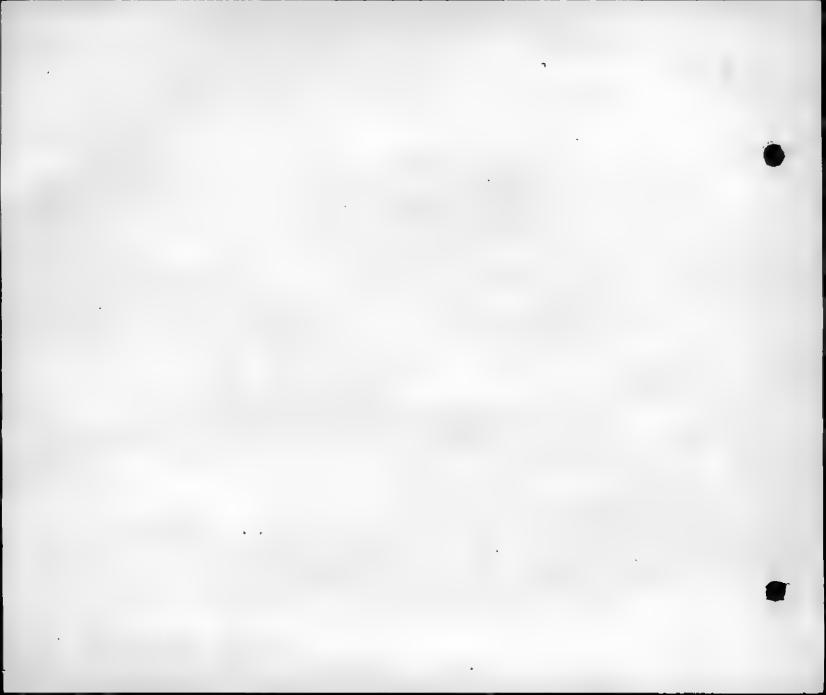


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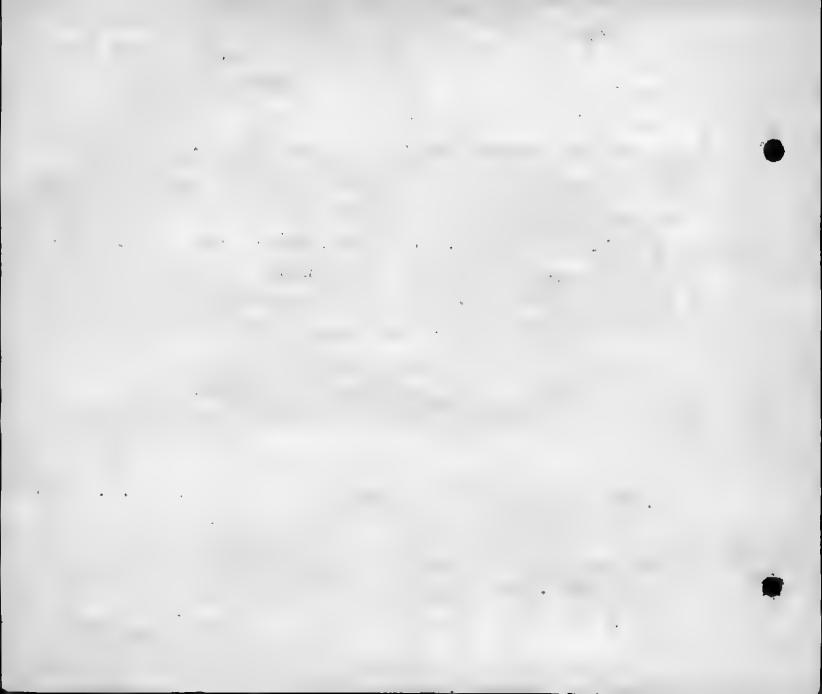
	4	the funeral director,	and 2 should be filled with	0	1
THE POLICY OF TH	may be in seed by the haspital ar attending physician.	TO FUNER DIRECTOR: After this certificate has been signed by the attending physician and completely filler the funeral director,	page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with	the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	
	ma)	TO FL	bad	the	

o. COUNTY Prince George's	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Mary La	nere deceased lived. If b. Co	institution Residence	e before admission) e George s
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF o	outside corporate limits,	write RURAL and gi	ve nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give stree OR INSTITUTION Prince George's General	t address)	d STREET ADDRESS 308 Main	Street		e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF First DECEASED (Type or print) Ethel	Lauran	Hershberger	4. DATE OF DEATH	Month March	Day Year 5 1961
Thomas I Think ha	RRIED NEVER MARRIED U	5-1-1897	9 AGE (In lost bird		YEAR IF UNDER 24 HRS Days Hours Min
10a USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDE	JSTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZ	US A
13 FATHER'S NAME Searge Edward	I Diven	14 MOTHER'S MAIDEN	Ellen	Snap	Jest
15. WAS DECEASED EVER N. U. S. ARMED FORCES? 16	215-20-3005/	Mrs Larel	tu Bra	Address	well My
PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO	Cinhosis	of Live	n, LA	tenrec's	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.					
PART 11. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMI	INAL DISEASE CONDITI	ON GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED (Enter noture of injury in	Port I or Part II af item	18.}	
Hour a.m. While	£.	LACE OF INJURY (Home, form portory, street, office bldg., etc		(Co	ounty) (State
21 I certify that (1) (this haspital) attentions the deceased alive an MARC					I that (I) (we) last
Musses Dinet (Venuan	M D PHYS DI	ED STAFF RECTOR PHYS		226. DATE \$IGNED 3/5/6/
22c. PHYSICIAN'S NAME (Type) Norm An	ONAT COMER	14 3503 Pex	aysT M	IT RAIN	ien ml
230 BURIAL, CREMATION, 236 DATE THEREOF BURIAL Specify)	23c NAME OF CEMETERY	or crematory	23d. LOCATION (City,	il The	(State)
21 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS DE	25g. REC		6. REGISTRAR'S S G Chilling S. H	NATURE Call



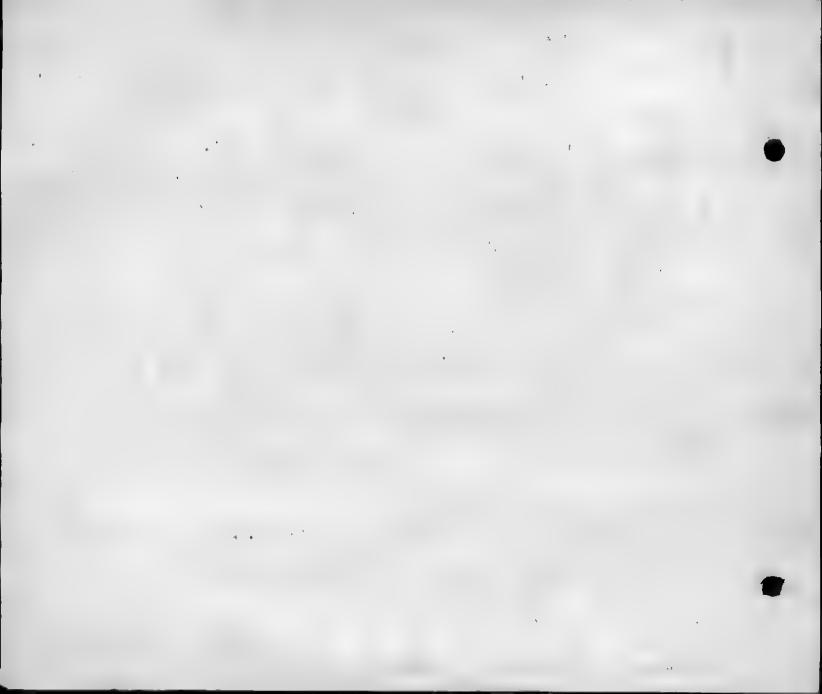
ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE DEALTH DEPT 2. USUAL RESIDENCE (Where decreesed | ved. |f institution: Residence before adm ss.on) 1. PLACE OF DEATH al director. Page for your files. Board of Health, e. COUNTY Prince Georges Maryland Prince Georges MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporete limits, write RURAL and a ve neerest town) O. write RURAL end give neerest town) Days Edmonston d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Boar d STREET ADDRESS a. IS RESIDENCE ON A FARM? State 4919 YES NO Prince Georges Gee ral Hospital 49th Ave. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If arrive the certificate, writing the word "pending" in pending in them 18. Give Pages 1, 2, and 3 to the formanded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained. DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State that agent, prior to burial, cremation, or removel, and in any event within 72 poursafter death; NAME OF 4. DATE Dev Middle Morth Yeer DECEASED OF (Type or print) DEATH 28 19 61 Hodgkins March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months WIDOWED -DIVORCED Feb 1869 Female 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Itaknown linknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (If yes give we ror detes of service) Hospital Records 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH Congestive heart failure PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Cardiovascular renal disease gave rise to immediate cause DUE TO (a), stating the underlying Fracture of the head of the left femur PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0) 19, WAS AUTORSY CERTIFICATION PERFORMED? NO -DC 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY ... or CONTRIBUTING ... Fell in home and injured hip CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 1 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Dev. Year (actory, street, office bldg., etc.) Md. P. G. While Not While et work - et work Edmonston 19 61 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection -Inquiry Suicide Undetermined manner death resulted\from-Natural causes Accident Homicide CHIEF MEDICAL EXAMINER [designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER 3/29/61 EXAMINER'S James I. should NAME (Type) Address (Street, c'ty, town, or county) DEP 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 240 g REC'D BY REGISTRAR I REGISTRAR'S SIGNATU VS. ATSME a rines S. Thank 5M 7/59

LAND STATE DEPARTMENT OF HEALTH



01 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3451 CERTIFICATE OF DEATH fun ral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, if institution; Ras dence before edm ssion) a. COUNTY Prince George's Prince George's by the land 2 s death. MERVIAND b. CITY OR TOWN ('I ouls de corporate imils, c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 þ write RURAL and give nearest town) Laurel Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, ed d. STREET ADDRESS . IS RESIDENCE ON A FARM? Lafavette St. YES NO F Prince George's General 3. NAME OF Midd.a complet DECEASED (Type or print) DEATH Hutchinson March Marv within and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 24 HRS. FUNDER I YEAR AGE (In yaers last birthday) Months Days Hours White WIDOWED & Female physinian 12. CITIZEN OF WHAT COUNTRY? remove On. USUAL OCCUPATION (Give kind of work 10b. KIND, OF BUSINESS OR INDUSTRY 11. BIRTHPLACE dona during most of working I fa, aven if ratirad) 13. FATHER'S NAME please altending 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas no, or unkown) | (Ifyas giva war or dates of sarvica) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO aftending parts and signature Conditions, if any, which (b) gave rise to immediate cause **DUE TO** (a), stating the underlying has causa last. certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? aş o YES TONO 20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! Affer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, (Steta) 20c. TIME OF INJURY 20f. (City or lown) (County) Month, Day, Year factory, streat, office bldg., etc.) While Not While Hour e.m. at work at work DIRECTOR: 22b. DATE 22e. SIGNATURE STAFF SIGNED ATTENDING PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) FUNA director, be filed 230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) (Steta) REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 3452 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) rel director. Page of for your files. Board of Health e. COUNTY e. STATE b. COUNTY PRINCE GEORGE'S MARYLAND h. CITY OR TOWN (f outside corporate I mils, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (I outside corporate limits, write RURAL and give nearest lown) for your write RURAL and give nearest town) HOLLYWOOD d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street editiess) d STREET ADDRESS State 4800 LAGUNA ROAD 3. NAME OF Middle 4. DATE Month 1 8 OF with the nould be executed within 24 hours after death. If in pencil in Item 18. Give Pages 1, 2, and 3 to 11. Office along with form PM3. Page 5 may be reburial-transit permit. File pages 1 and 2 with the moval, and in any event within 72 hours after d (Type or print) MERCHIE TMMRL DEATH MARCH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years HF UNDER I YEAR last birthday) WIDOWED De. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Housewille Own Home Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John William Saltzer Emma Mounts 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivewerordetesofservice) Betty M. Swope. Same as 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (e) **DUE TO** Profound secondary anemia (b) gave rise to immediate cause **DUE TO** (e), steting the underlying 95 cause last. cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 9 CERTIFICAM Carcinoma of the ileocecal junction Medical plnous 20e. EXTERNAL CAUSE WAS 2Db. DESCR BE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Ilam 18.) age 3 shout to burial, 4 PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. . forwarded to the Chief L DIRECTOR: Page 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) fectory, street, office bldg., etc.) Not While Hour e.m. et work at work agent, prior Inspection X. Inquiry X Natural causes 3 Suicide death resulted from: -Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER. designated ACTUAL ASSISTANT MEDICAL EXAMINER Should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER DE BOYD, NAME (Type) Address (Street, city, town, or county) 22d. LOCATION (City Jown, or country 220. BURIAL CREMATION | 22b. DATE THEREOF OF CEMEJERY OR CREMATORY ₹40 24e. REC'D BY VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO A

19 67

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO DE

(State)

and in my opinion

DATE SIGNED

5M 7/59



DVI AND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARS CERTIFICATE OF DEATH 3453 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) i i 1. PLACE OF DEATH a. COLNTY Prince # 7 t MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, we to RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) CheverL a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, ON A FARM? George's YES NO Y 3. NAME OF Middle paper DECEASED comple (Typa or print) physician and co RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR lest birthday) | Months Days IF UNDER 24 HRS. 5. SEX Months Hours MALE WIDOWED [10a. USUAL OCCUPATION (Give kind of work 12. CIT.ZEN OF WHAT COUNTRY? гетоув 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if ratired) RUSSIA 13. FATHER'S NAME 15 WAS DECEASED EYER IN U.S. ARMED FORCES? INFORMAN' 16. SOCIAL SECURITY NO.1 17 (Yas, no/or unkown) [[fyasgivawarordatesofservice]] 4.20: YES 7.20-1917-5-14-19 080-12
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Conditions, if any, which gava risa to immadiata cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TON GIVEN IN PART ILE) 19. WAS AUTOPSY PERFORMED? NO . 206. DESCRIBE HOW INJURY OCCURED. (Enter Satura of injury in Pari I or Part il of Itam 18.) 208. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stata) factory, straet, office bldg., atc.] While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from Q-1/1....., 1961, to 3.1.3....., 1961, that (I) (we) last 19.4/ and that death occurred at 12.2.M, from the causes and on the date stated above. saw the deceased_alive on. 22a, SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) TO FUN director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23s. BURIAL, CREMATION, | 235 REMOVAL (Specify) 25a: REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATEMAR 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where decreed lived, If Institution: Residence before admission) y is necessary, I director. Page for your files. oard of Health. e. COUNTY b. COUNTY Prince George's MERVIEND Prince George's Maryland b. CITY OR TOWN (if outside corporate limits, e LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate I m ts, write RURAL and give nearest town) write RURAL and give nearest town) for your Hyattsville Hvattsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp to , give street eddress) e. IS RESIDENCE be retained for hithe State Boar ON A FARM? YES NO 8536 Adelphi 8536 Adelphi Road 3. NAME OF Middle DATE Month Year OF DECEASED and 3 to the and 2 with ... (Type or print) DEATH 26th. 19 61 March ที่ปีกล Leola 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BRTH 80 (In years Months July 11. WIDOWED [DIVORCED Female Caucasian 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired USA Housewife Retired Virginal in pencil in Item 18. Give Pages within pages 14. MOTHER'S MAIDEN NAME form PM3. 13. FATHER'S NAME Mary E. Bales John Thomas Magaha ficate should be executed within 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Ad dress (Yes, no, or unkown) (Ifyesgivewerordelesofservice) permit. office along with fa burial-fransit permit. Mrs Vyolet J. Trittipoe, same as None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) DUE TO Cardiovascular renal disease cert incate shourd "pending" neve rise to immediate cause Examiner's **DUE TO** (a), stating the underlying 88 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19. WAS AUTOPSY cremation. PERFORMED? 8 the word NO X Medical should 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part I of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. writing Chief the Chie 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, * 20f. [City or town] (County) [State] fectory, street, office bldg., etc.) While Not While et work at work 0,20 I DIRECTOR 21. I certify that I took charge of the remains described above, held an Autopsy | | Inspection | | Inquiry Tr and in my opinion Suicide Homicide -Undetermined manner death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER te the DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER Shou d be for SIGNATURE DEPUTY MEDICAL EXAMINER March 26th. 1961 EXAMINER'S I. BOYD, M.D. JAMES NAME (Type) Address (Street, city, town, or county) shou 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) Burial (Specify) 3/28/61 Monocacy Cemetery Beallsville, D40 5 Maryland ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME F. Gasch's Sons DATE MAR 2 9 '61 Hyattsville, Md. Orthur S. Firms 5M 7/59



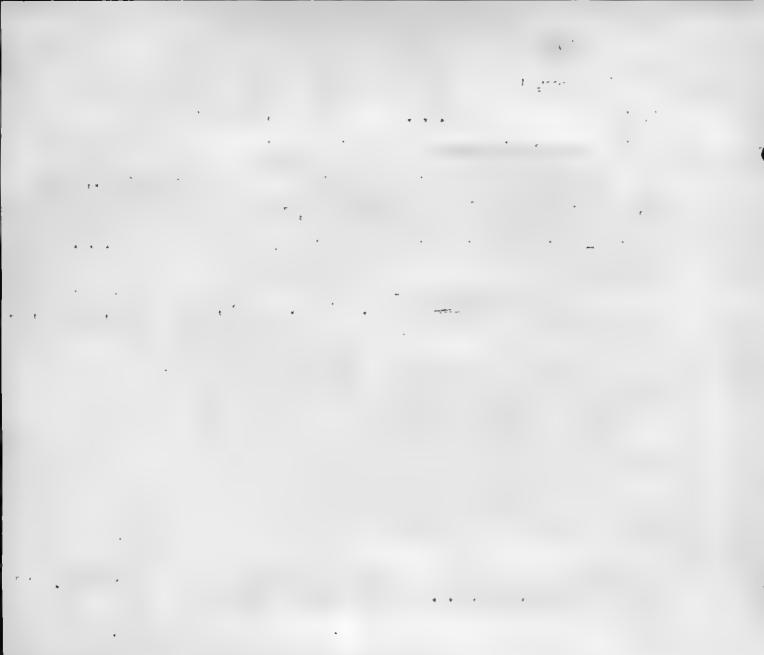
S433 CERTIFICATE OF DEATH							(104	332				
1	PLACE OF DEATH a. COUNTY Prince (ear ge	<u> </u>	MAR	rland	2. USUAL RESID		nere deceased	ived. If instit b. COUN	TY -	nce Ge	
		outs de corporate limit	s, write	c. LENGTH OF STAY	1N 1b	c. CITY OR T	OWN (If a	outside carpor	ate limits, write	RURAL and	give negrest t	own)
	Chever			18 days	1	. Hyattsv	rille		6			
	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, g	ive street i	address)		d. STREET AL		_			10	RESIDENCE N A FARM?
_	Prince	leorge's Ge	neral	Hospital		5309	8th	Ave.		4	YES	□ NO 🍱
3.	NAME OF DECEASED (Type or print)	Fire the second		Middle	,	lost		4. DATE OF DEATH	Mar	lanth o h	26	Year 10 61
c	SEX	* * (1) (1)	am	G.		DATE OF BIRTH	1	1	9. AGE (In year		1 YEAR IF UI	***
3	Wale	White	· MARR	IED DIVORCE		8_28_9		1	last birthday) Months	Days Hau	
10	USUAL OCCUPATIO	N (G've kind of work o	lane 10b.	KIND OF BUSINESS C	OR INDUS			ar fareign co	untry)	12. CITI	ZEN OF WHA	AT COUNTRY?
	Ant Super:	intendent	- A	DT. BUILD	NGS	14. MOTHER'S	MAIDEN N	-NEU	/JERS	EY	0.5	3,A
		IOWN					K PY n			'		
	WAS DECEASED EVE	IN U. S. ARMED FOR		SOCIAL SECURITY NO	17, IN	FORMANT				ddress	_ P s	_
[71	rs, na, ar unknown)	If yes, give wor or dotes of so		15140414	MR	S RUBY !	YAND.	LE, WI	PE,	SAME	ASI	,2
_	Canditions, if all gave rise to it cause (a), stating lying cause last.	the under-		Primary SI	ite:	of n bas	e o	of ton	que	ond		ND DEATH
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE 200. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							GIVEN IN PAR	PE	REORMED?			
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b DES	CRIBE HOW INJURY C	CCURRED	. (Enter nature af	injury in	Parl I ar Parl	Il of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Doy, Yeo	While at worl	NJURY OCCURRED Not while k at work	20e. PLA foci	CE OF INJURY (Fory, street, office	lame, form bldg , etc	20f. (City	ar tawn)	(4	County)	(State)
		t (I) (this haspital ed asive an <u>Mar</u> s			fram	March 9,	1963 8:55		larch 2 the couses			
	220. SIGNATURE	my M	Ca	relylon,		ATTENDING	□ DI	ED.	STAFF PHYS C		3 3	22b, DATE SIGNED
	22c PHYSICIAN'S NAME (Type)	Dr. Harry 1	1. 00	rlton. M.D		22d. ADDRE 940		St. W	ashingt	ton, D.	.C.	
6	a BURIAL, CREMATIO REMOVAL Specify	3-30-		Ekijeki			Com	23d LOCATI	ION (City tow	n, or country	Man	store)-
1	FUNERAL DIRECTOR	SIGNATURE	201 -1	Cleveland	Ave.	lote Hd	250. REC	d by registe MAR 2 9	RAR 256 RE	GISTRAR'S SI	GNATURE (

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be led by the hospital an attending physician.

TO FUNER HECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 p. 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. VR A1S (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) e. COUNTY files. Health, director. Page b. COUNTY Anne Arundle Prince George's MARYLAND b. CITY OR TOWN (if outside corporete limits. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) for your write RURAL end give nearest town) ö Lake Shore, Pasadena D. O. A. Bowie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS Boar e. IS RESIDENCE ON A FARM? Bowie Race Track Dispensary #1 Park Drive 3. NAME OF 4. DATE Month DECEASED with the (Type or print) DEATH 27th., Robert Kauffman Louis 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 74 HRS 8. DATE OF BIRTH 2 with last birthday) Months WIDOWED | DIVORCED [August 29 Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pages | U.S.A. Baltimore, Maryland - Retired Refrigeration Mechanic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME August Kauffman Gertrude Holland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unknown) (Ifyesgivowerordetasofservica) 220-18-4400 15. WAS DECEASED EVER IN U.S. ARMED FORCES? #1 Bakk Drive Mrs. Anita M. ake Shore Pasadena Md. 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). NTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which geva rise to immediate cause **DUE TO** (a), steting the underlying cause lest, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. Chief 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) While fectory, street, office bldg., atc.) Not While rwarded to the DIRECTOR: Pa at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry T and in my opinion Accident Suicide death resulted from: Natural causes Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE March 27th. 1961 DEPUTY MEDICAL EXAMINER EXAMINER'S BOYD. NAME (Typa) Address (Street, city, lown, or county) 22a, BURJAL, CREMATION, 22b. DATE THEREOF 1 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Ę, REMOVAL (Specify) 40 Burial Glen Park Glen Burnie . - Md 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE VS. A15ME | DATE MAR 3 0 '61 Glen Burnie, Ma. 5M 7/59 Century S. Firaux



2757

03450

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	1. PLACE OF DEATH a. COUNTY		2 USUAL RESIDENCE (Whe		n: Residence before admission)	
	Prince George	MARYLAND	Md.	b. COUNTY	rince George	
		LENGTH OF STAY IN 16		tside carporote limits, write R		
	Cheverly	l day	Kentland		and the second	
3	d. NAME OF HOSPITAL (if not in haspital, give street addr OR INSTITUTION	ess)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?	
1	Prince George General		7314 For	est Road	YES NO 🔼	
1	3. NAME OF First DECEASED	Middle	Lost	4. DATE Mont	h Day Yeor	
ı	(Type or print) Margaret	Ann	Kennedy	DEATH	rdh 6 19 67	
1	S SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED A	DATE OF BIRTH	9. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.	
4	Fe WIDOWED	DIVORCED	2-20-55-189	lost birthday) 66 yrs	Manths Doys Hours Min.	
1	10a USJAL OCCUPATION (Give kind of work done 10b. KINI	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stole of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?	
ı	during most of working life, even if retired) N.S.A. U.S	.A. Army	Virgini	8.	U.S.A.	
I	13. FATHER'S NAME		14 MOTHER'S MAIDEN NA	AWE		
Į	Fatrick Kennedy		Marga	ret McCarthy	7	
ı	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC (Yes, no, or unknown) (If yes, give war or dates of service)	IAL SECURITY NO. 17, INF	ORMANT	Addr	ess	
Į	(Yes, no, or unknown) (If yes, give war or dates of service) None	Anı	n Evelyn K	enne dy		
1	1B. CAUSE OF DEATH [Enter only one cause per line fo	r (o), (b), and (c).]	111-11	. /	INTERVAL BETWEEN	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONSE ONSE						
I) 60 Y DUE TO					
l	Canditians, if any, which }	o Sugar				
ı	gave rise to immediate (Do 11/	1			
ı	lying cause last.	1 Travel	as Melli	lus	5 years	
l	CAI				PERFORMED?	
l	PART II. OTHER SIGNIFICANT CONDITIONS COMM 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH UT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED.	(Enter nature of injury in Po	ort I ar Part II af item 18)		
Į						
I	3 20c. TIME OF INJURY Manth, Day, Year 20d. INJUR		CE OF INJURY (Hame, farm,	20f. (City ar town)	(Caunty) (State)	
ı	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY While p. m. 19 at work	Not while locks	ary, street, affice bldg., etc.)			
ı			June 10	6. / Ma	A so (cf. st. st. st. st. st. st. st. st. st. st	
	21. 1 certify that (1) (this hospital) attended				1, 19.61, that (I) (we) last	
ı	saw the deceased alive on 22a SIGNATORE	MIOI and that de	ath accurred at 12=	Offen Whe couses and	d an the date stated above	
l	homas of Max	oney "	.D. ATTENDING MEI	O. STAFF	22b DATE \$IGNED	
l	22c PHYSICIAN'S NAME (Type) Thomas G. Ma	loney	22d. ADDRESS 1.811.		a Tandarray Hill-	
1	trona (17)e	Tolley v	TO TH	71 St. Avenu	e, Landover Hills	
1	23a BUR AL CREMAT ON, 23b. DATE THEREOF 23	NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City, town o	r county) (State)	
	Burial Specify 3/9/61	St. Andrew	8	Rosnoke. Vi	rginia	
	24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			TRAK'S SIGNATURE	
	S. H. Hines Co 290	1-14 = 51.7	2. 20 DATEMAR	8 '61 and	lur S. Krous	
an ib					The state of the s	

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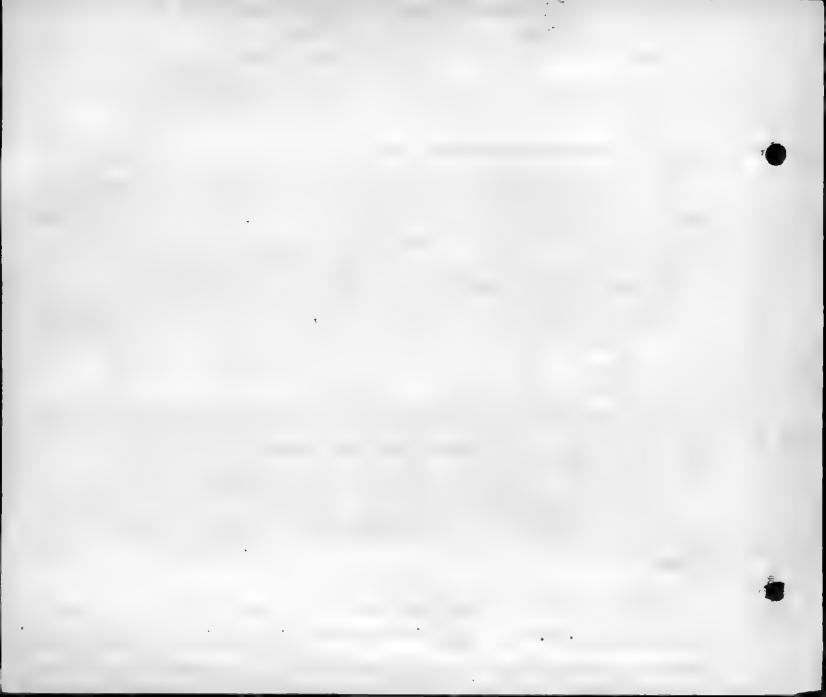
may be refer to be the hospital ar attending physician.

2 FUNER RECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 s be detached far use as the burial-transit permit. Then please remave carbon papers. Pages I and 2 should be filled with the State Baard of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page TO FUNER

VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH 3459 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03452

1	1	
the funeral director,	and 2 should be filled with	
	P. C.	
fel ad	ges 1 sath.	

may be refined by the haspital or attending physician.

2 FUNER, CIRECTOR: After this certificate has been signed by the attending physician and completely page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pagine State Board of Health priar to burial, cremotion, or remaval, and in any event, within 72 hours ofter de-

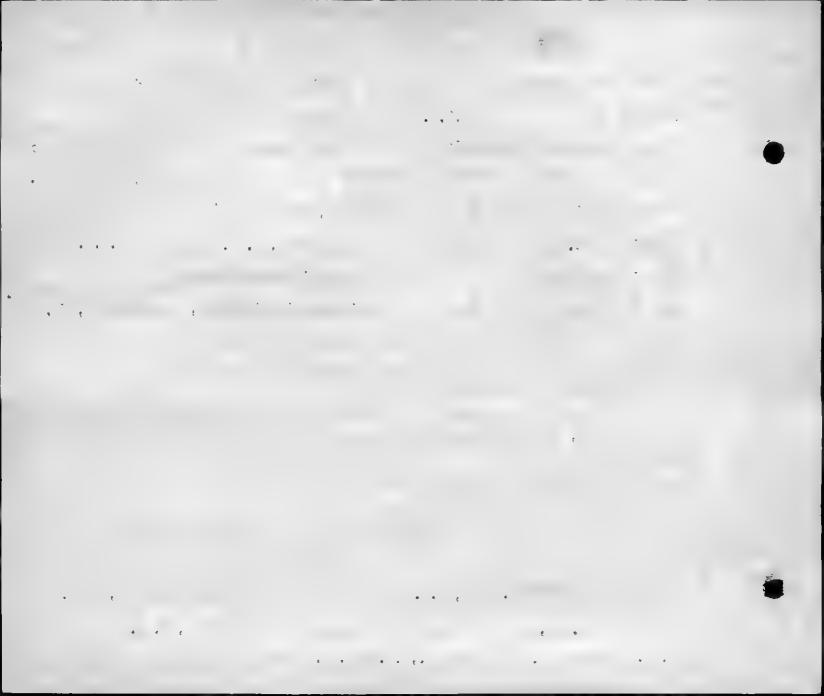
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 moy be r VR A1S (4) 1SM 9/59

	o. COUNTY) Prince Geories MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Prince George
/	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	Inless Medicalows Ha although Ind.
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS 6223 20 24 Que e. 15 RESIDENCE ON A FARM? YES \(\sigma \) NO \(\sigma \)
	1. NAME OF DECEASED (Type or print) KAT/E Middle	KESSCER 4. DATE Month Day Year OF DEATH MARCH 24 1960/
	FEMALE WHITE WIDOWED DIVORCED	B DATE OF BIRTH OCT 25, 1885 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) 75 yrs. Months Doys Hours Min.
1	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ī	Lionas H. Dexor	14. MOTHER'S MAIDEN NAME & Fraken
٦	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, gave wor or dates of service)	ane B Krosler h 6223 Foll Que
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) ACUTE My OC DUE TO Conditions, if any, much) LANGE OF DEATH [Enter only one couse per line for (o), (b), and (c). DUE TO	
	gove rise to immediate couse (a), stoling the under lying cause lost.	CARDIO-VASCUIAR DISCASE QUERIO YES
47 + 1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
F	20a. ACCIDENT WAS UNDERLYING OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter nature of injury in Port I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e Pl Hour o. m. While Not while of work of work	LACE OF INJURY (Home, form, 20f. {City or town} (County) (State) actory, street, office bldg., etc.)
	21 I certify that (1) (this hospital) attended the deceased fram.	9-26-53, 19 ta 3-8 , 1961, that (1) (we) last death accurred atM, from the causes and on the date stated above
	220. SIGNATURE Derael Kerrle	ATTENDING MED. STAFF SIGNED 3-24-6/
	22c. PHYSICIAN'S NAME (Type) ISRAEL KESS/CH	5801-16 EPST, NW. WASA, D.C.
	230 BURIAL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY CORNELL (Specify) 3-25-61 MT OLIVE	OR CREMATORY 23d LOCATION (City town, or county) (Stote) ET CEMETERY WASHINGTON DC.
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS DEAL FUNERAL HOME 4812 (4)	250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Note: PRONOUNCED CEAR BY DR. L. HAYS Who CONTACTED POLICE
YCORONER OR. BOYD) Y I WAS GIVEN DERMISSION to
SIGN CERTIFICATE. 9. Kunlin, 200)

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE RAMEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY Health, al director, Page for your files. a. STATE h. COUNTY Prince Georges County Maryland Prince Georges MARYLAND b. CITY OR TOWN (f outside corporete I mits, c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give nearest town) g. LENGTH OF STAY IN 16 your of F write RURAL and give neerest lown) Cheverly D.O.A. Maryland Park d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? in pencit in them 18. Give Pager 1,2, and 3 to the fine pencit in them 18. Give Pager 1,2, and 3 to the Office along with form PM3. Page 5 may be retained ourial-transit permit. File pages 1 and 2 with the State Boovsl, and in any event within 72 hours after death. 6409 E Street Prince Georges General Hospital YES NO 3. NAME OF Middle 4. DATE Yea DECEASED OF MARTHA REBUCCA KTNMAMONII (Type or print) DEATH March 61.. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years I FUNDER 1 YEAR, IF UNDER 24 HRS. last birthday) Months Female White WIDOWED TT July 22, 1896 DIVORCED [T] yrs. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Housewife (Ret. U.S.A. Washington, D. C. At Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within 24 John William Brown Catherine Welime Hensel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address #20 South Hudson St. (Yas, no, or unkown) ((If yes give wer or datas of service) Alexandria, Va. Office along with William Melvin Kinnamont. None None 1B. CAUSE OF DEATH | Enlar only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause ro. Medical Examiner's pending DUE TO (a), stating the underlying SIS cause last. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? 8 te the certificate, writing the word Diabetes, Cardio Vascular Renal Disease NO E plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of them 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. forwarded to the Chief 20a, PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., atc.) While Not While et work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion Accident Suicide Undetermined manner death resulted from: Natural causes Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should the for FUNERAL BOAR AND A DEPUTY MEDICAL-EXAMINER EXAMINER'S. BOYD. March 7, 1961. NAME (Typa) Address (Street, city, town, ar county) 4 should V FUNI DEP 22a, BURIAL, CREMATION .. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION [Cily, lown, or country] REMOVAL (Spacify) Burial Mount Olivet Washington. 0 Cemetery 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE V5. A15ME W. CHAMBERS CO., 517 11th St., S.E. Wash. DC., DATMAR 9 5M 7/59 arthur & Hear

MARYLAND STATE DEPARTMENT OF HEALTH



		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3461 CERTIFICATE OF DEATH	000
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.	Reg. Dis	e befare admission)
M	1	o COUNTYPr. Go	els. Co.
	4	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ve nearest town)
. J		d. NAME OF HOSPITAL (If not in hospital, give street address) DE INSTITUTION 5231— Ellis Street S. E. 5231— Ellis Street S. E.	e. IS RESIDENCE ON A FARM2 YES NO P
		NAME OF DECEASED (Type or print) PATRICIA SUE KISER Lost 4. DATE Month OF DEATH March 12th	Day Year 1961
		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (10, years IFUNDER	YEAR IF UNDER 24 HR Days Hours Min
,	100	during most of working life, even if retired)	EN OF WHAT COUNTR
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
		Howard K. Kiser Ruth Johnson	
		WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dotes of service) (If yes, give wor or dotes of service) Howard K. Kiser Same as # 2.	
		IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Washour Richard Rouse (a)	INTERVAL BETWEEN ONSET AND DEATH
		(4, () DUE TO	17Mcs
		Conditions, if any, which gove rise to immediate (b)	7777
		couse (o), stoting the <u>under-land</u> DUE TO	
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19 WAS AUTOPS PERFORMED? YES NO
	CERTIFIC	20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED Haur a.m. p. m. 19 While at wark of work of	ounty) (Stat
		21. I certify that I attended the deceased from. 3-2-57, 19 , to 5-15-69 , 19 , that I las	t saw the decease
		alive an 3-11-61, 19, and that death accurred at 11 40 M, fram the causes and an the	date stated abay
		ACTUAL SIGNATURE & arold 9. Finch MD 1435 Stot Hole Pel Signature	h care sion
/	L	PHYSICIAN'S HAROLD / Y. FINCK, MD	~~~
		Burial, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or cognity) Burial (Specify) much 14-6/ City Hell Com Suntant m	eryland
	23	FINERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE ADDRESS ADD	



3462 **CERTIFICATE OF DEATH** PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Prince Georges b. COUNTY Prince Geols MARYLAND Marvland c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits, write c LENGTH OF STAY IN 16 RURAL and give nearest town) Mitchellville Mitchellville d. NAME OF HOSPITAL (If not in hospital, give street address) Enterprise Road & Central e. IS RESIDENCE ON A FARM? Enterprise Road & Central Avenues YES NO Avenue NAME OF DECEASED 4. DATE Middle Day Year OF DEATH Manheck Kolbe 29 1961 Edward March (Type or print) 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8 DATE OF BIRTH 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years lost birthday) DIVORCED [7] Dec. 27. 1886 Male White WIDOWED KI 100 USUAL OCCUPATION (Give kind of work done 10b. MND OF BREWESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRYS arming (Ret.) Pennsylvania Beef Cattle Farming 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine M. (nee Manbeck) Kolbe Charles J. Kolbe IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Miss Catherine Simpson-Mitchellville, Md. No. 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO IT 20g ACCIDENT WAS UNDERLYING 1 / 20b. DESCRIBE HOW INJURY OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Enter nature of injury in Part I or Part II of Jon 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f (City or town) (Stote) (County) factory, street, office bldg, etc.) a. m. While Not while 21. I certify that I attended the deceased from Dec 15 1952 ta arch 2996/ that I last saw the deceased , and that death accurred at 5 A.M. fram the causes and an the date stated above. DATE SIGNED 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. VOCATION (C ty, town, or county) Maryland Ft. Lincoln Cemetery Bladensburg, 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESSUpper 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Bros.Fun'l Home-Marlboro, Md. DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 3463 CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a COUNTY g STATE Ġ. MARYLAND Prince George Mary land funeral b CITY OR TOWN (If outside carporate limits, write c LENGTH OF STAY IN 16 RURAL and give nearest lawn) 25 Cheverly West Lanham d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS Prince George General Hospital NAME OF Middle DECEASED (Type or print) anma E. LaBossiene 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH DIVORCED [WIDOWED [White papers, Female Ŧ Sibley Hospital Pon 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 100 John M. Quinn remove IS, WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).

Prince George c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO P Lanham Drive DATE Manth Year Day DEATH 19 Mar 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours yrs. 10a. USLAL OCCUPATION (Give kind of work dane) 10b KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) during most of working life, even if refired) Sibley Hospital Providence Rabde I 12. CITIZEN OF WHAT COUNTRY? Providence . Rhode Island. Margaret G. Rinn Address Robert R. LaBossiere Same as INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO D 20d ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, | 20f (City or town) Day, Year 20d INJURY OCCURRED (County) (State) factory, street, affice bidg., etc.) o. m. While Nat while at work at work 21 I certify that (1) (this haspital) attended the deceased from. and that death occurred at 705M, from the causes and on the date stated above sow the deceosed olive on 22a 5 GNATURE SIGNED ATTENDING STAFF PHYS M.D PHYS DIRECTOR . 22c. PHYS.CIAN'S 22d ADDRES NAME (Type) 236 DATE THEREOF OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 230. BURIAL, CREMATION, (State) Calvary Cemetery Brockton. Mass. 25h REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR FUNERAL DIRECTOR'S SIGNATURE DATE MAR 2 7 '61 Hope RD. S.E

Washington, DC

b. COUNTY

arthur & Kraus

camp pup physician attending ā gned burial-transit been certificate After ed by the IRECTOR: C 0

after death. Page

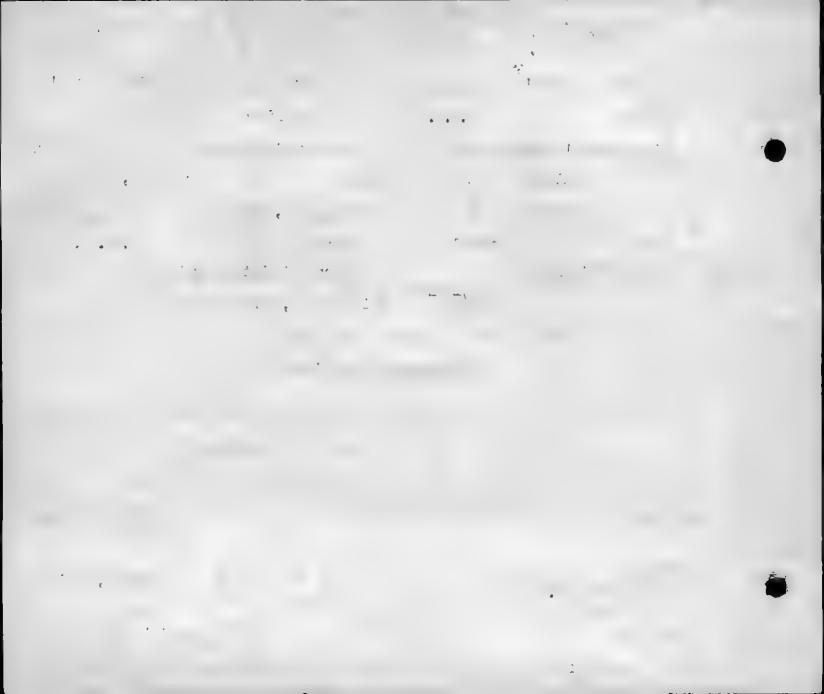
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FUNER



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution, Residence before edmission) y is necessary, director. Page e. COUNTY b. COUNTY Prince George's files. Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 VEIGT. of write RURAL and give negrest town) Wast Pines D.O. A. Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) oar d STREET ADDRESS a. IS RESIDENCE ON A FARM? Prince George's General Hospital Beacon Light YES NOT DATE Month DECEASED OF the th 196] (Type or print) DEATH March Dummore Lee with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR JE UNDER 24 HRS. may to 2 with age 5 may 1 and 2 wit 72 hours a 75 yrs 2, and Months, Days n Item 18, Give Pages 1, 2, and In Item 18, Give Pages 1, 2, and In with form IIM3. Page 5 ms is namit File pages 1 and 2 ' Male WIDOWED T DIVORCED [November 16, 1885 Coloredi 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Laborer General Maryland pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Elizabeth Hutchinson George Phillip Lee 16. SOCIAL SECURITY NOT 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgivewerordetesofservice) Clifford Lee, Same as # 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (+) 616/ **DUE TO** burial Cardiovascular renal disease Conditions, if any, which gave rise to immediate cause 40 pending DUE TO (e), steting the underlying 60 cremation, PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTORSY PERFORMED? e the certificate, writing the word No [plnoys 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part It of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 2Dd. INJURY OCCURRED , 2De. PLACE OF INJURY (home, ferm. 2Df. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) 0 5 fectory, street, office bldg., etc.) While Not While Haur a.m. et work el work prior OR: farmanded to I 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 📆 Inquiry X and in my opinion Undetermined manner death resulted from. - Natural causes X Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED Should in fine FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER March 8. 1961 EXAMINER'S James I. Boyd NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Spec fy) Washington, D.C. Woodlawn Cemetery 40 6 Burial TUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Orthur S. Kracia H. Street, N.E. DATEMAR 1 3 61. 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

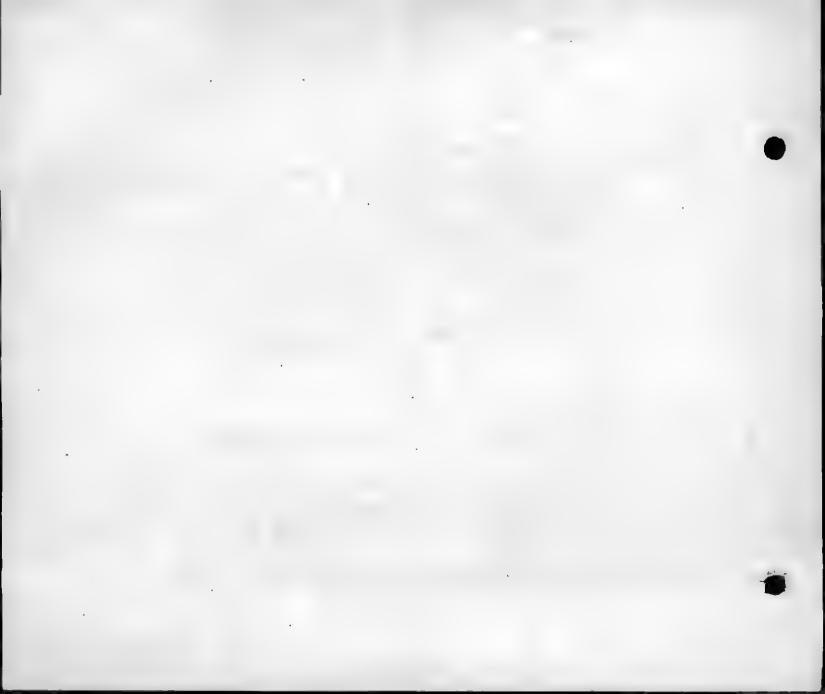


VR A15 [4] 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 3466

03459

	1. PLACE OF DEATH O COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) O STATE O C COUNTY	
)	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town)	_
	RITERDALE MO 3 days WAShingTON, DC	
/	d. NAME OF HOSPITAL (II not in hospital, give street address) d. STREET ADDRESS or INSTITUTION or A FAR	M?
6	Eugene reland Memorial 1901 Venuer SE, TES NO) [
	3 NAME OF DECRASED (Type or print) Henry First Middle Lost OF DEATH Month Day Year OF DEATH Morch 30 196	
	5 SEX Male 6. COLOPOR RACE MARRIED NEVER MARRIED B. DATE OF SIRTH Married Never Ma	HRS.
	100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Mouring months working life, even if retired) Theater Washington DC, U.S. of A	ITRY?
I)	William M. Lewis Effic Lee Reese	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes, give war or darks of service) Dolly Lewis	
	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	EN
	PART 1. DEATH WAS CAUSED BY: Compostive At- F21/4ve ONSET AND DEA	24
	Contraction Authorisis levelic Ht. Disesse 10 yr	.5
	gove rise to immediate (b)	
	lying couse lost. (c) Arteriosclerasis Generalized 20 ye	5
	PAIT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORMENT OF THE PROPERTY OF THE	0?
	THE 200 ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part 18 of frem 18)	े न
	U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w	State)
	21 I certify that (1) (this hospital) attended the deceased from December 5,19.56 to Merch 30, 1961, that (1) (we)	lant
	saw the deceased alive an March 29,1961, and that death accurred at 28M, from the causes and an the date stated ab	
	220 SIGNATURE 22b DA	
	22c. PHYSICIAN'S W. W. Cribson, M.D. 4340 St. Barnabas Road, 21, D, C	c,
	230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City town, or county) (Stote)	
	Burnel april 3-61 Glenmond Copisation Washington DE	
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS. 250. REC BY REGISTRAR 256 REG STRAR'S SIGNATURE	
	Dimmore for pd 20, D - DATE Cuthun S. Knows	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 467 MEDICAL EXAMINER'S 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edm ssion) PLACE OF DEATH y is necessary, a COUNTY Prince Georges County MARYLAND c CITY ON TOWN IT OUTSIDE COPPORED I M IS, WILLE KUKAL and Component Ewol b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Cheverly D.O.A. Palmer Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS a. IS RESIDENCE ON A FARM? Prince Georges General Hospital 7610 Romney Court YES NO 3. NAME OF DECEASED OF (Type or print) DEATH 19 61. relie March 16. Edward Navlor Lurty 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BRITH 9. AGE (In years | IF UNDER I YEAR) IF UNDER 24 HRS. in pencil in Item 18. Give Pages 1, 2, and 3 Office along with form PM3. Page 5 may surial-transit permit. File pages Yand 2 viil oval, and in any event within 72 bruns a last birthday) Months WIDOWED IDOWED DIVORCED May 26, 1920

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPEACE (State or foreign country) DIVORCED [VIS. Male 10a. USUAL OCCUPATION (Give kind of work I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Police Officer U.S.A. U. S. Capital Delaware 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Lurty Beaulah Navlor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17. INFORMANT (Yes, new or unkown) (If yes grant manor detas of service) Office along with to burial-transit permit, smoval, and in any e Mrs Carmen Lurty, same as # 2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) - Pulmonary edema DUE TO Acute barbituate poisioning Conditions, if any, which gave rise to immediate cause Acute barbituate poisoning (a), stating the underlying cause last. cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUT NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(61) 19. WAS AUTOPSY PERFORMED? 28 NO T should 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING forwarded to the Chief Me L DIRECTOR: Page 3 sho sted agent, prior to burial, Took excessive amount of quick acting barbituate. the the certificate, writing 20c, TIME OF INJURY Month, Day, Year 1 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Hame, ferm, 20f, (City or town) (County) 3-16-19 61 While Not While 3 factory, street, office bldg., etc.) Palmer Park, Pr. Geo., Md. Home 21. I certify that I took charge of the remains described above, held an Autopsy , (inspection) Inquiry T. and in my opinion Homicide, - Undetermined manner death resulted from: Natural causes Accident . Suicide I CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER IX EXAMINER'S JAMES I. BOYD, M.D. March 16, 1961 NAME (Typa) Address (Streat, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stele) REMOVAL (Specify) Arlington Arlington National Catry by REGISTRAR 246. REGISTRAR'S SIGNATURE Burial 3/20/61 FUNERAL DIRECTOR . Gasch's Sons VS. A15ME Hyattsville, Md. Chilling S. Frank DAMAR 2 0 '61 5M 7/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) a. COUNTY a. STATE **b.** COUNTY Prince George **통**다 독 MARYLAND Maryland Prince George b. CITY OR TOWN (if outs de corporate limits, E. LENGTH OF STAY IN 16 write RURAL and give neerest town) Capitol Hights
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g va streat address) Capitol Hights 816 - 49th Ave 3. NAME OF Middle 4. DATE DECEASED (Type or print) DEATH Vincent March 24 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 8. DATE OF BIRTH last birthdey) male WIDOWED [DIVORCED 8 State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Markikoloxida rexelek Barber Washington MOTHER'S MAINEN NAME 13. FATHER'S NAME please Emelio Rose Checchia 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yas, no, or unkown) | (Ifyesgivewarordatesofservice) World War 11 Mrs Theresa E. Mattera 18. CAUSE OF DEATH [Entar only one ceuse per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY: MYCCARDIAL IN FARCATION IMMEDIATE CAUSE (e) **DUE TO** Alken selevetic Goronay Arithy Eristasi geve risa to Immediate causa **DUE TO** (a), steting the underlying causa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY 20a, ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury 'n Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d, INJURY OCCURRED : 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) Not While fectory, street, office bldg., etc.) Hour a.m. at work 21. I certify that (I) (this hospital) attended the deceased from 1957, to 2/24 1961, that (III) (we) last 22a. SIGNATURE DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS 4400 Bowen Rd. S.E. Wash. D.C FUN 23a. BURIAL, CREMATION, 23b. DATE THEREOF | 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) OH Burial Arlington National **VR A15 (4)** arthur S. Traces

ARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM? YES NO.

1961

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO T

> > (State)

22b. DATE SIGNED

(County)

15M 9/60



ARYLAND	STATE DEPARTMENT	OF	HEA	LTH-E	BALTIMO	RE, 1	8

3469 CERTIFICATE OF DEATH

Reg. Dist. No. (13462

Prince George's Prince George's Maryland Prince George's Maryland Prince George's Pri								
b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) West Hyattsville C CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Monroeville								
d NAME OF HOSPITAL (If not in hospital, give street address) Mrs. Nursing for Children	d. STREET ADDRESS 15 Valerie Circle 3							
3 NAME OF DECEASED (Type or print) Jeffery Allen McCute	hion Lost 4. DATE March 20 Year 1961							
5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 24 Nov. 1959 9. AGE (In years last birthdoy) Manths Days Hours Min.							
10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired) None None	USTRY 11. BIRTHPLACE (State or foreign country) Washington, D. C. U. S. A.							
James Rugh	14 MOTHER'S MAIDEN NAME Carole McCutchion							
[Yes, no, or unknown] [If yes, give wor or dates of service]	ursing Home Record (Bell's) Same as # 1							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which gave rise to immediate cause (a), stating the underlying cause last. (c)	lees (de tracal) INTERVAL BETWEEN ONSET AND DEATH Least on							
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO DED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED to the p. m. 19 White Not white p. m. 19 wark of wark	LACE OF INJURY (Hame form, 20f (City or town) (Caunty) (State) actory, street, affice bldg., etc.)							
21. I certify that I attended the deceased fram 120, 1960, to 2/20, 1960, that I last saw the deceased alive on 1960, and that death accurred at 22 PM, from the causes and an the date stated of ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Thomas A. Actual M.D. 6965 Balk Bhal 3/24/6								
PHYSICIAN'S Thomas A Christensen NAME (Type)	Coclege Park hearyhud							
Cremation 22 Mar. 1961 22. Name of cemeters of Ft. Lincoln	Crematory Colmar Manor Maryland							
23. FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons Hyattsville, Maryland ADDRESS DATE 246. REGISTRAR 2 9 0 1 DATE								

ACK 1: " "	Item 20 Film 284 4-1 MARYLAND STATE DEPARTMENT OF HEALTH
	Division of Fraylatical Research and Records, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR MIATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	i. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed hved, if institution, Residence before admission)
Page S. F.	D a STATE B. COUNTY
	b. CITY OR TOWN (if outside corporate limits
s nece	write RURAL and give neerest town)
	Cheverly, Md. d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) a. IS. RESIDENCE
Boar C 7	ON A FARMY
State eath.	3. NAME OF First Middle last .4. DATE Month Dev Year
a ta	(Type or print) John Patrick Mc Ginnis DEATH March 5th 1961 19
4 5 4 4 4 1)	5. SEX 6. COLOR OR RACE 7. MARDIED NEVER MARDIED 8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR + IF UNDER 24 HRS.
\$ 2 2 2 B	tasi dililidayi Monihs Deys Hours Min.
Pd 5.8	10e USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BRTHPLACE ISlate or foreign country) 1.2. CITIZEN OF WHAT COUNTRY?
12 1 a 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	done during most of working life, even if ratirad)
3. Page 3. Page 3. Page 3. Page 3. Page 3. Page 3. Page 4. Page 4. Page 4. Page 5. Page 5. Page 5. Page 5. Page 6. Page 6. Page 6. Page 7. Pag	13. FATHER'S NAME Washington, D.C. U.S.A. 14. MOTHER'S MAIDEN NAME
7 6 9 W	
這 ^這	Joseph Francis Mc Ginnis Mary Stella Mc Ginnis nee Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
18. 4. 18. 7. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	[Yes, not or unknown) (Ifyesgivewarordatesofservice)
with with any	NO NONE NONE Take X Library Joseph Francis Mc Ginnis 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]
exectification in the final function of the	PART I. DEATH WAS CAUSED BY: CONTRACTION OF THE CON
e exc incil i alon trans	
ould by in pa	Conditions, if any, which Distoration of the first and second cervical verte
S C C C	I gave rise to immadiate cause 1
ding ding as	(a), stating the underlying DUE TO
iffic amii sed n, 1	
be unation	PERFORMED? YES 12 NO
= 200 b	20a SYTERNAL CALIST WAS 20b DESCRIBE HOW IN LIRY OCCURED (Frier nature of injury in Part Lor Part II of Item 18.)
Medishoul	PRIMARY DerCONTRIBUTING Was playing at home and slipped and fell down a terrace
E 52 8 8	20c. TIME OF INJURY Month, Dey, Year 20d. NJURY OCCURRENCE 20e PLACE OF INJURY (Home, form, 20f. (City or lown) (State)
Writing Object 17	TO TOUT 630.
Drior The	5110 p.m. 3/5/61 19 at work et work ward of home South Cheverly Forest, P.G.Co.Mc 21. I certify that I look charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
TI TO TE	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
CO De	CHIEF MEDICAL EXAMINER
MEDIC te the ce forward L DIREI	ACTUAL ACCUSTANT METICAL SYMMINED TO DETP SIGNED
	SIGNATURE DEPUTY MEDICAL EXAMINER T
Property Me the the the the the the the the the th	EXAMINERS
DEPT BENEFALL Its designat	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, 10WB, or country) D. C. (Stete)
O 2 4 0 9 O 8 42 7 1	Burial 3/7/61 Ft./ Lincoln/Centerty Colmon/ Manor/ Man
A A	23. FUNERAL DIRECTOR ADDRESS 248 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. A15ME 5M 7/59	F. Gasch's Sons Hyattsville, MdX DMAR 7 '61
	F. Gasch's Sons Hyattsville, Mide Damar 1 6] Outling f. King



MARYLAND STATE DEPARTMENT OF HEALTH 27. DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12 2 1 C 1

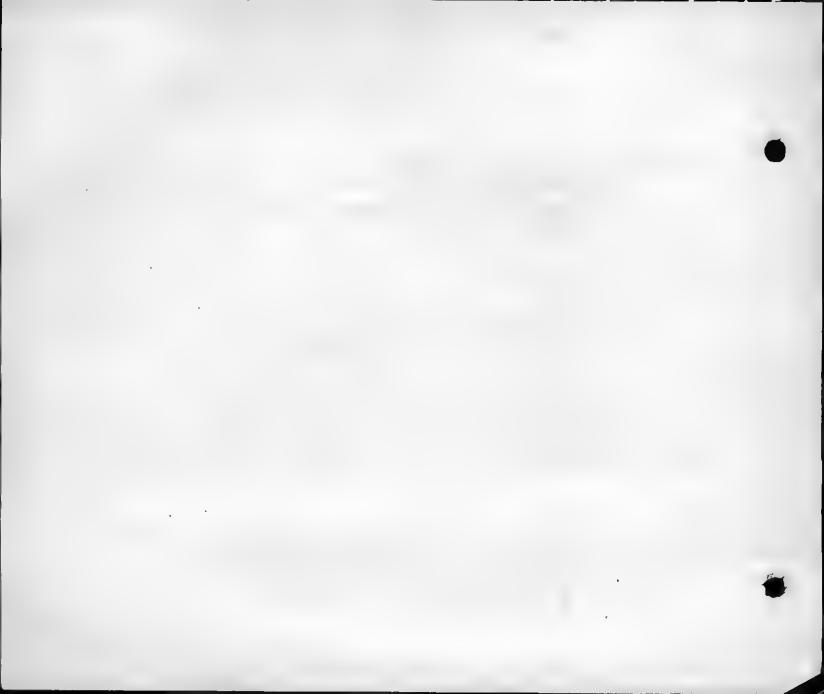
w.	U 12 6 J.	CERTIFICATE OF DEATH	(10404
)	1. PLACE OF DEATH O. COUNTY PRINCE CEARGE	MARYLAND NO. STATE	e deceased lived. If institution: Residence before admission) b. COUNTY Prince Ceanacs
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	X Nattina)	side corporate limits, write RURAL and give hearest town)
	d NAME OF HOSPITAL (If not in hospital, give street addr OR INSTITUTION		e. IS RESIDENCE ON A FARM? YES NO [2]
	3. NAME OF First DECEASED (Type or print)	middleTon	D. DATE Month Day Year OF DEATH 13 1961 9 AGE (In years IIF UNDER 1 YEAR) IF UNDER 24 HRS.
	S. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KINI		fost birthdoy) Manths Days Hours Min.
	during most of working life, even if retired) 113. FATHER'S NAME	May a 1	nd USA.
	Henson Dysola 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOC	CIAL SECURITY NO. 17, INFORMANT	Duckett
	(F yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for	□ [0] (a), (b), ond (c).]	Michalaton - Notting ham
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any wich gave rise to immediate	Why a good of Infaction	ONSET AND DEATH
	Couse (o), stating the under- lying cause tost. PART II. OTHER SIGNIFICANT CONDITIONS CONT OTHER SIGNIFICANT CONT OTHER SIGNIFI	ITRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	206 ACCIDENT WAS UNDERLYING A 206 DESCRIBE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SE HOW INJURY OCCURRED (Enter noture of injury in Pol	rt ! or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour o. m. 19 While at wark	RY OCCURRED Not while at work 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State
	21. I certify that (I) (this haspital) attended saw the deceased a ive an 3-13		8 . to $3-/3$, 1967, that (1) (we) last A, fram the causes and an the date stated above.
	220. SIGNATURE	M.D. ATTENDING MED DIRE	22b.DATE SIGNED PHYS
	Pichard H. Dobson	N Brandy W	line, Maryland
	Burial 3-16-1961	Brooks M. F.	Notting ham Mary land
	24. Funeral director's signature	ADDRESS 250. REC'D	BY REGISTRAR'S SIGNATURE CLITTING A. Trans

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 the attending physician and completely filled the funeral director. Then please remove carban papers. Pages I and 2 should be fixed with may be in fed by the haspital ar attending physician.

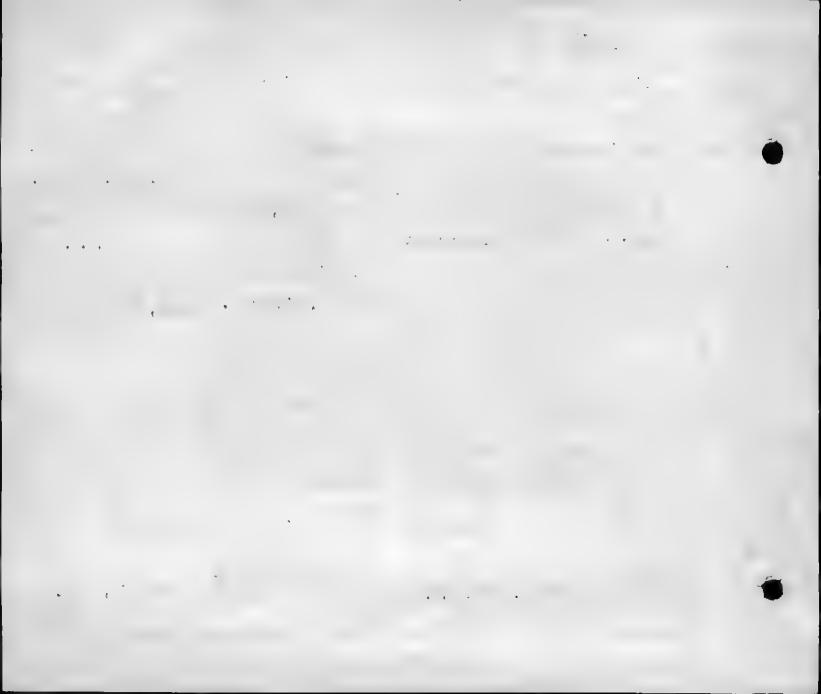
TO FUNERA IRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 sh (d be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 at the State and at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

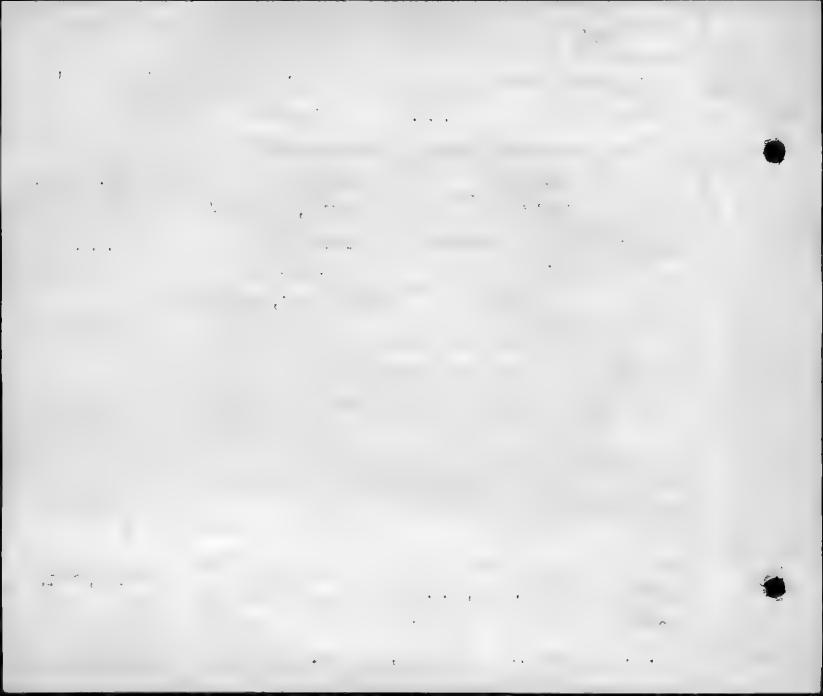
4



ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY a. STATE 6. COUNTY is necessary Prince Georges County Prince Georges OTHER MARYLAND lay is necess of director. P C. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Laurel Laurel d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? 608 9th Street YES NO TO 608 9th Street 3. NAME OF 4. DATE Month DECEASED OF with the (Typa or print) MOSES DEATH 18. MOORE 19 61. March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months WIDOWED [January 28,1908 Male DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if retired) Construction Marvland Laborer U.S.A. in pencil in Item 18, Give Pages Office along with form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hattie Mathews Samuel Moore 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 612 9th Street (Yas, no, munkown) (Ifyasgivawarordatasofservice) George L. Milber Jr. Laurel. Maryland 1B. CAUSE OF DEATH [Enler only one causa par line for [a], (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: CUPGESTIVE HEART FAILURE IMMEDIATE CAUSE (a) HYPERTRUPHY HEART gava rise to immediata causa (a), stating the undarlying VALULLAR INSUFFICIENCY causa last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? the the certificate, writing the word forwarded to the Chief Medical E. I. DIRECTOR: Page 3 should be nated agant, prior to burial, cremat NO CERTIFICA 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) 2Da. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, , 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) Hour a.m. Whila Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy 📆, Inspection 📆, Inquiry K. and in my opinion death resulted from. Natural causes X . Accident Suicide . Homicide . Undetermined manner CMIEF MEDICAL EXAMINER ACTUAL ÀSSISTANT MEDICAL EXAMINER 🗍 DATE SIGNED SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER JAMES I. BOYD, M.D. March 18, 1961. NAME (Typa) Should Addrass (Streat, city, town, or county) BURIAL CREMATION NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) 0 Ö VS. A15ME DATE MAR 21 '61 5M 7/59



Division of STATISTICAL RES **BALTIMORE 1. MARYLAND** MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY al director, Page for your files. Health, b. countince George's Prince Georges County MARYLAND b CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) ŏ write RURAL and give nearest town? Cheverly Riverdale D.O.A. d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Prince Georges General Hospital 6201 New York Place YES NOT NAME OF Fust Middle 4. DATE DECEASED and 3 to the OF (Type or print) SARAH TATOTAK DEATH 18. 19 61 March This certificate should be executed within 24 hours after death. Is a word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to solical Examiner's Office along with form PM3. Page 5 may be ould be used as a burial-transit permit. File pages 1 and 2 with the B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 7. MARRIED THE NEVER MARRIED 5 may by 2 with Jast birthday) Months White Female WIDOWED [DIVORCED On. USLAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Own home Italy U.S.A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Philip Natoli Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT Address (Yes, no or unkown) (Ifyesgivewerordetesofservice) Joseph Natoli, same as # None 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN .⊑ ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) UNLESTING HEART FAILURG and removaí, PENDICE Myocarditis gava rise to immediate causa le the certificate, writing the word "pending" forwarded to the Chief Medical Examiner's (a), stating the undarlying Focal occlusion atherosclerosis of coronaries cause last. cremation, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 179, WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO should 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. le the cerminate, the Chief N forwarded to the Chief N AL DIRECTOR: Page 3 st 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED; 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or lown) (County) (Slata) fectory, streat, offica bldg., atc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection | X Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Undetermined manner X Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL March 18, 1961. DEPUTY MEDICAL EXAMINER EXAMINER'S should b BOYD. M.D. NAME (Typa) Address (Street, city, town, or county) DEPL 22c. NAME OF CEMETERY OR CREMATORY 228. BURIAL, CREMATION, 225. DATE THEREOF 22d. LOCATION (City, town, or country) Entempre t Fort Lincoln 240 9 Bladensburg, Maryland 23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. ATSME arthur S. Kraus W. W. CHAMBERS CO., Riverdale, Maryland MAR 21 '61 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

74	CERTIFIC

ATE OF DEATH

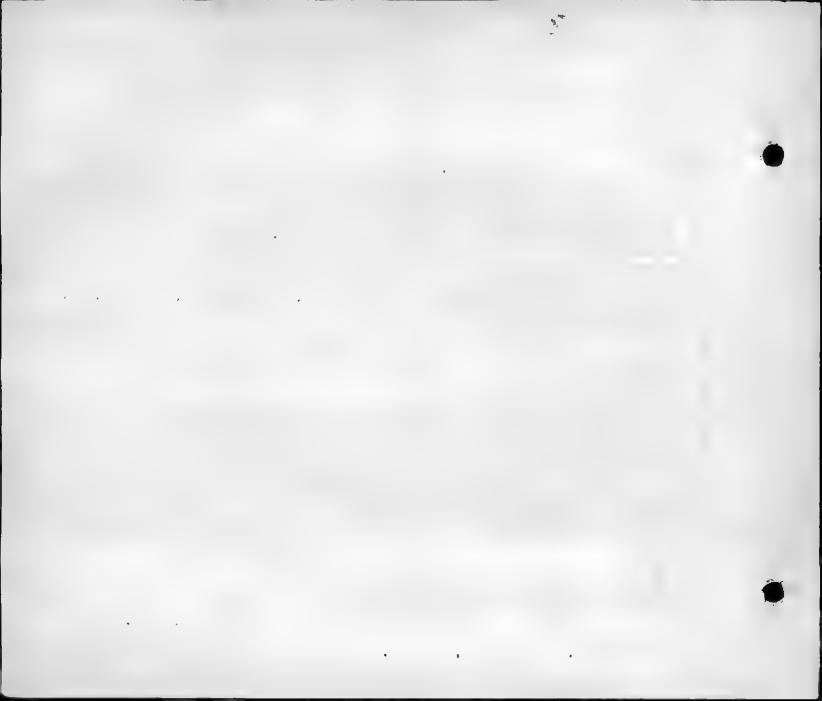
Reg. Dist. No. 03467

3474	CERTIFICA	ATE OF DEA	TH	Reg.	Dist. No.	03467
1. PLACE OF DEATH COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE o STATE Maryl	Where deceased lived and	i. If institution; Resid b. COUNTY Print	lence before o	odmission) rgos
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Suitland	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporate li	mits, write RURAL on	d give neares	t town)
d. NAME OF HOSPITAL (If not in hospitol, give stree or Institution 325 Swan Road	t address)	d street address 325 Swan		1	1 1	IS RESIDENCE ON A FARM? 'ES NO N
3. NAME OF First DECEASED (Type or print) JACK	C . Middle	NORR IS	4. DATE OF DEATH	March 13t	Day	Yeor 1961
Wele (White)	RRIED NEVER MARRIED	8. DATE OF BIRTH August 7th,	1 101	SE (In years IF UND it birthday) Months		UNDER 24 HRS lours Min
	. KIND OF BUSINESS OR INDU Construction	STRY 11. BIRTHPLACE (SI		12. (USA	WHAT COUNTR
Charley Norris		Mary (U				
15. WAS DECEASED EVER IN U. S ARMED FORCES? 16 (Yes, no or unknown) (fit yes, give wor or dates of service) NO NODO	Unknown R1	uby L. Key,	325 Swan F	Road, Suit	land,	Md.
18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (c) Questions (c) Qu	rete Congest ardio vase	ulan Rei LioScler	ral Des		ONSET	AND DEATH LUCY LUCY LUCY LUCY LUCY LUCY LUCY LUCY
	rome of the	te			1 1	WAS AUTOPSY PERFORMED? ES NO (**)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	scribe how injury occurre	D. (Enter nature of injury	in Port I or Port II of	item 18)		
Hour o. m. While		ACE OF INJURY I Home, F ctory, street, office bldg.,	orm, 20f. (City or lo	wn)	(County)	(Slote)
ACTUAL SIGNATURE PHYSICIAN'S PAUL (VAN)	6/, and that death	n accurred at 95 MMD. 5440	M, from the ADDRESS (Street, C)	Hell 29	the date	
20. BURIAL CREMATION, 226, DATE THEREOF 3/17/1961	Greenwood Ce	metery	Chattan	(City, town, or county	•	(Stote)
23 FUNERAL DIRECTOR'S SIGNATURE W.W.Chambers Co., 51711t	th St.S.E.Wash.	DC 240. R	EC'D BY REGISTRAR	24b. REGISTRAR'S		

by the funeral director, 3.2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 haurs after death. Page 4 **IRECTOR**: After this certificate has been signed by the attending physician and completely filled be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 page 3 in it be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. may be relained by the hospital or attending physician.

TO FUNE IRECTOR: After this certificate has been sit page 3 if be detached for use as the burial-transit

VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND ERTIFICATE OF DEATH with with 2. USUAL RESIDENCE (Where deceased lived I, PLACE OF DEATH If institution. Residence before admission o. COUNTY **b.** COUNTY b. CITY OR TOWN (If autside corporate limits, write OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) - FLLLY 4. d NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? > CV Avenue 03 YES, NO 14 NAME OF Middle 4. DATE Year DECEASED OF DEATH completely filled Pages 1 death. (Type or print) 194 1166 IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX MARRIED MEVER MARRIED B DATE OF BIRTH 9. AGE (In years lost birthdoy) Months WIDOWED [papers. ŧ 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11/ BIRTHPLACE (State or foreign country) in 72 haurs during mast of working life, even if retired) pup actrical and near 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Sava physici 16. SOCIAL SECURITY NO 17. INFORMANT affending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH ä PART I. DEATH WAS CAUSED BY 114 hr IMMEDIATE CAUSE (a) **DUE TO** څ Conditions, if any, which has been signed burial-transit permit gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY crematian, PERFORMED? YES NO 17 200 ACC-DENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or lawn) (Stote) (County) factory, street, office bldg., etc.) Hour a. m. While Not while at work at work p. m. 1950 1941, that (1) (we) last 21 I certify that (1) (this haspital) attended the deceased from Car and that death accurred at 95 M. from the causes and an the date stated above saw the deceased alive an 22a SIGNATURE 22b DATE SIGNED ATTENDING MED. DIRECTOR [] STAFF PHYS þ ō M D ő Board 22c. PHYSICIAN'S PIO 22d. ADDRESS 3 shoi State TO FUNER 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION. (City, tawn, ar county) (Stote) page , the the 24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 25b REGISTRAR 5 SIGNATURE REC'D BY REGISTRAR VR A15 (4) MAR 2 9 '61 TSM 9/59

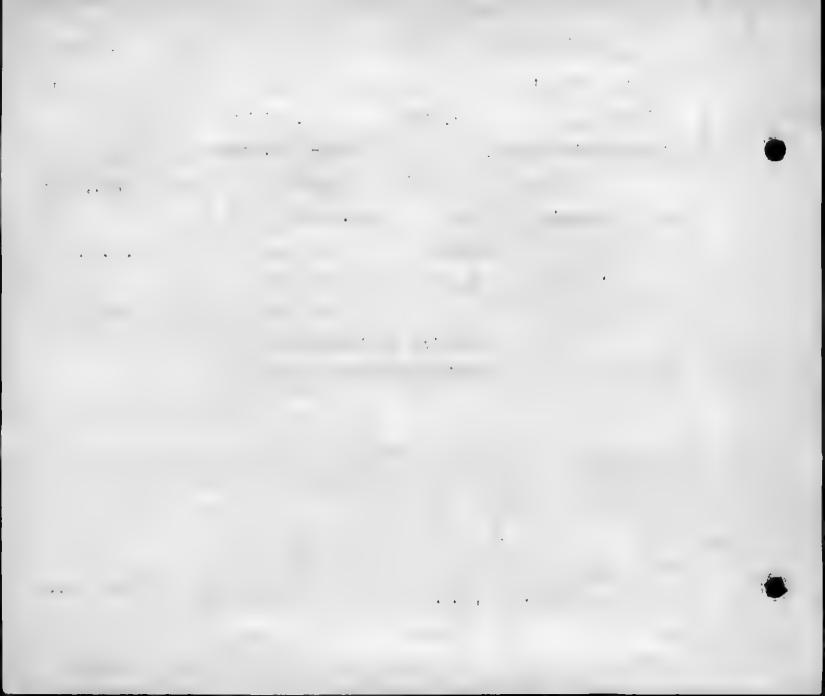


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 76 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institution; Res y is necessary, I director. Page or year files. e. COUNTY of Health, e. STATE **b.** COUNTY Prince George's Maryland Prince George
c. CITY OR TOWN (f outside corporate limits, write RJRAL and give nearest town) Prince George's MARYLAND b. CITY OR TOWN (if outside corporale I mits, c. LENGTH OF STAY IN IL write RURAL and give neerest town) for yeam Riverdale College Park **发展数据** d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boal d. STREET ADDRESS a. IS RES.DENCE \$ 00 P ON A FARM? Leland Memorial Hospital 5032 Branchville Boad d "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Examiner's Office a ong with form PM3. Page 5 may be retained a used as a burial-transit permit. File pages 1 and 2 with the State siton, or removal, and in any event within 72 hours affect death. YES NO X NAME OF 4. DATE DECEASED OF (Type or print) DEATH Louis Frank Ombres March 6. COLOR OR RACE 7, MARRIEDE NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR! IF UNDER 24 HRS. lest birthday) Months Deys Hours Male Caucasian WIDOWED [Feb. 6, DIVORCED yrs. 1Db. K ND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE (State or fore gin country) 10e. USUAL OCCUPATION (G.ve kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Janitor Italy U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive wer or detes of service) Yes WW1 175-03-6939

1B. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] Mrs Angelia Ombres, same as # 2 INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary edema. IMMEDIATE CAUSE (a) **DUE TO** Coronary artery disease Conditions, if any, which (b) geve rise to immediate cause **DUF TO** (a), stating the underlying cause lest. cremetion, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 le the certificate, writing the word forwarded to the Chief Medical E L DIRECTOR. Page 3 should be sted agent, prior to buriel, cremet NO X 1 YES 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Jam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, ' 20f, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stere) fectory, street, office bldg., etc.) While Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy | | Inspection 📆 Inquiry T and in my opinion death resulted from: Natural causes IX Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER Mar. 27th. EXAMINER'S. JAMES I. BOYD, M.D. pluods NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Burial Arlington National Comptery Arlin ₹40 23. FUNERAL DIRECTOR VS. A15ME W. W. CHAMBERS Riverdale, Maryland, 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH





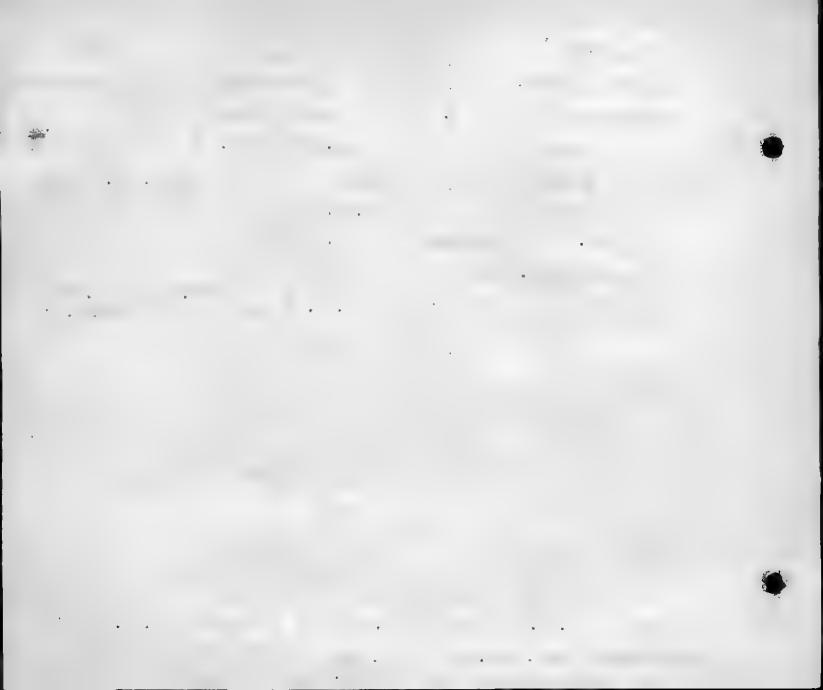
Pages papers. n 72 hor complet and physician гетоме please sattending | Then please and After may be retaine DIRECTOR: FUN 0 % 8 VR A15 (4)

15M 9/60

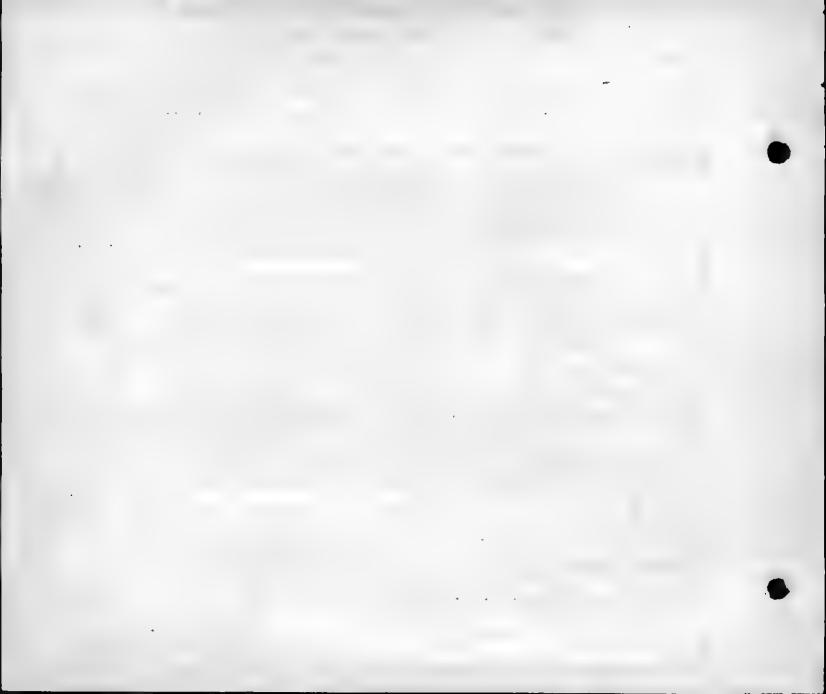
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution) a. COUNTY Prince George Prince Maryland George MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) 9. Yrs Forest Heights 9. Yrs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Forest Heights d. STREET ADDRESS . IS RESIDENCE ON A FARM? 17. BlackHawk. YES NO 🔽 3. NAME OF M.ddle DECEASED OF (Type or print) DEATH Ostwalt March. Glenn 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX lest buthday) Months Male WIDOWED [DIVORCED IDa. USUAL OCCUPATION (Give kind of work 12, CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Carolina Ret Const. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rosa Little Jefferson Davis.Ostwalt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT #17.Blackhawk. Dr (Yes, no, or unkown) (If yes give were redates of service) Voda. A. Ostwalt Forest Heights 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause **DUE TO** (a), steting the underlying sercholisterolemin cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO 🌃 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) (County) (Steta) Month, Dey, Yeer While Not While fectory, street, office bldg., etc.) Hour a.m. et work | et work 21. 1 certify that (I) (this hospital) attended the deceased from.... 6119.10.17., and that death occured at 12.17M, from the causes and on the date stated above saw the deceased alive on... 22b. DATE 22a. SIGNATURE ATTENDING SIGNED Clickwir DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23e. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Bethlehem. Cemetery Statesville. N.Carolina 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE MAR 2 8 '61

DATE

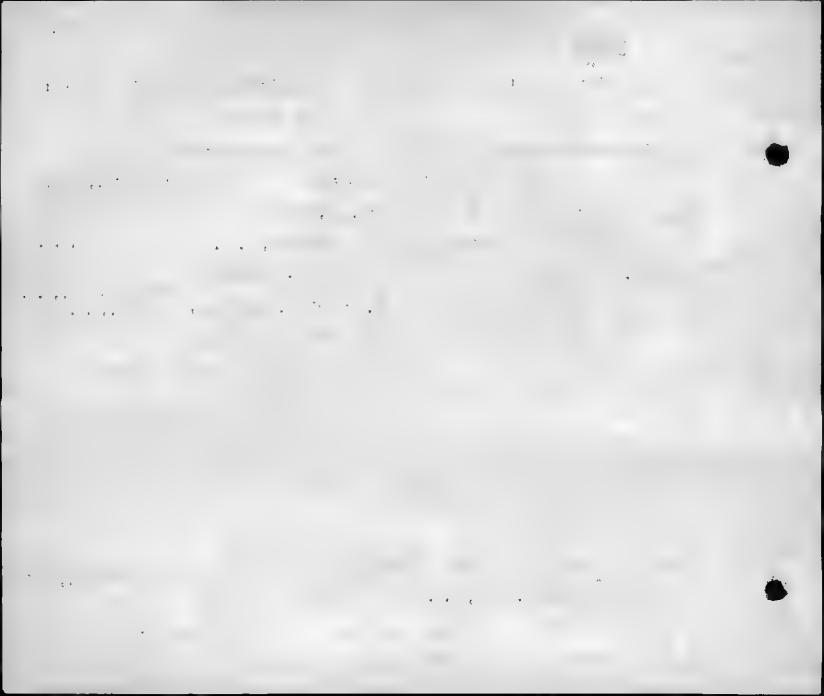
Lee Funeral Home. 300.4th st N E. Wash



10	MAKT	LAND STATE DEPARTA	MENT OF REALIN-	PALITITIONE, I	•
	3479	CERTIFIC	ATE OF DEATH		Reg. Dist. NJ.3472
1.	PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where do		
142)	b. CITY OR TOWN (If outside corporate lin RURAL and give nearest town)	nils, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RUI	RAL and give nearest town)
	oute #2 Accokeek, M. I d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	give street address)	d. STREET ADDRESS	el Hill, MD.	e. IS RESIDENC ON A FARA
XL	Resid				YES NO
3.	(Type or print) Jeanett		Parker 4. 0	ATE Month F EATH	Day Year 3 19 6
5.	SEX 6. COLOR OR RACE Female Negro	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 Months Doys Hours M
10	o. USUAL OCCUPATION (Give kind of work during most of working life, even if retire	done 10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stole or for		12 CITIZEN OF WHAT COU
	Housewife	None	Maryland		U.S.A.
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
_	Abrahan		Lucy I		
	. WAS DECEASED EYER IN U. S. ARMED FO is, no, or unknown) If yes, give wer or dates of NTO	RCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Addres	38
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]					
	PART I. DEATH WAS CAUSED BY:	Acute coronar	y thrombosis		ONE ONE OFF
	Conditions, if any, which	0 .	tic cardiac di	isease	2 year
	gove rise to immediate couse (a), stating the under lying couse tost.		pensation		2 year
CATION	PANT II. OTHER SIGNIFICANT CO.	NDITIONS CONTRIBUTING TO DEATH BU LUES	T NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVE	N IN PART I(a) 19. WAS AUTO PERFORMED YES NO
CERTIF	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Port I	or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Y. Hour o. m. 19	ear 20d. INJURY OCCURRED 20e. P. While Not while of work	LACE OF INJURY (Home, farm, 20f actory, street, office bldg., etc.)	. (City or town)	(County) (S
	21. I certify that I attended th	e deceased from	8 , 19 59 to Marc	ch 3 12 01	that I last saw the dece
	clive on March, 3	19 61 , and that deat	h accurred at 2:05PM,	from the causes an	d an the date stated a
	ACTUAL SIGNATURE	llin		ESS (Street, city or town, st	
	PHYSICIAN'S Paul Che	en, M. D.	Mary	Land	
22	BURIAL, CREMATION, 226. DATE THERE REMOVAL (Specify) 3-7-61	OF 2c. NAME OF CEMETERY Church Cen		location (city, town, or Pomonkey, Md	
1		Attended of	We fer 3	Tomonico, La	•



BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edm ssion) lay is necessary, al director. Page of for your files. e. COUNTY e. STATE b. COUNTY Prince George's Maryland Prince George's
c. CITY OR TOWN (If outside corporate I m is, we le RURAL end g ve neerest town) MARYLAND b. CITY OR TOWN (if outs de corporele limits. c. LENGTH OF STAY IN 16 write RURAL end give neerest town? 4 Seat Pleasant Seat Pleasant d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) n. IS RESIDENCE ON A FARM? retained the State B YES NO Roosevelt Avenue 3. NAME OF M ddla Year DECEASED and 3 to the with the (Type or print) Loui sa Rosalie March 1961 Parks 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years , IF UNDER 1 YEAR , IF UNDER 24 HRS. 8. DATE OF BIRTH s 1, 2, and 3 age 5 may 1 and 2 wit 72 hours a last birthday) Months Jan. WIDOWED DIVORCED T Femal e 10a. USUAL OCCUPATION (Give kind of work Pages 1, 23 10b. KIND OF BUSINESS OR INDUSTRY I 11 B RTHPLACE (State or fore on country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Owner Gift Shop Washington, D. C. pages I within P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fabian A. Augustine LeBhret Mary Form WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT Address 3610 26th St. N.E. (Yes, no no, or unknown) i (Ifyes give wer or detectors afservice) Office along with fa burial-transit permit, smoval, and in any e Mr. Francis G. Augustine. Wash. D.C. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: SUBARACHNOID IMMEDIATE CAUSE (e)_ (1) KUPTURED ANEURYSM, AND, COREBRAL ARTERY Conditions, if eny, which gave rise to immediate cause 60 DUE TO (a), stelling the underlying Examiner S cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161 19. WAS AUTOPSY PERFORMED? 2 cremaf Medical I should be NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Pert II of Item 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. the the certificate, writing forwarded to the Chief IL DIRECTOR: Page 3: **buri** 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, form, ! 20f. (City or town) 20c. TIME OF INJURY Morth, Dev. Year (County) (State) fectory, street, office bldg., etc.) While Not While et work - et work -21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🛃 Inquiry 🔽 end in my opinion Accident Suicide Homicide Undetermined manner* death resulted from: Natural couses CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for PUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINED JAMES I. BOYD, M.D. NAME (Type) 19 M Address (Street, city, town, or county) DEP 220. BURIAL CALL STORM 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or coentry) TENSYAL (Specific Cedar Hill Cem Suitland. Md 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Lee's Sons Co. 300-4th St.N.E. 5M 7/59 Ci vay & Throng



TO FUNER

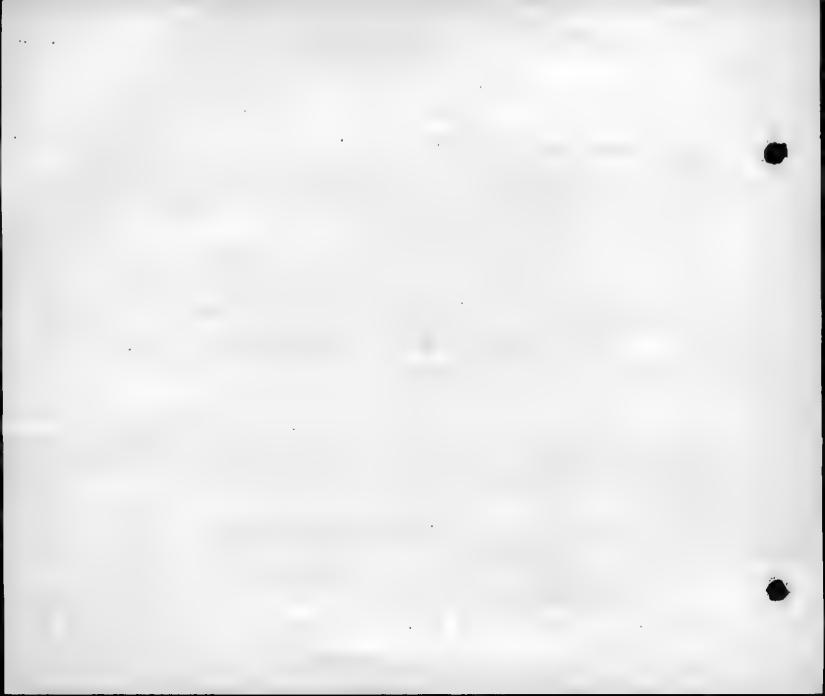
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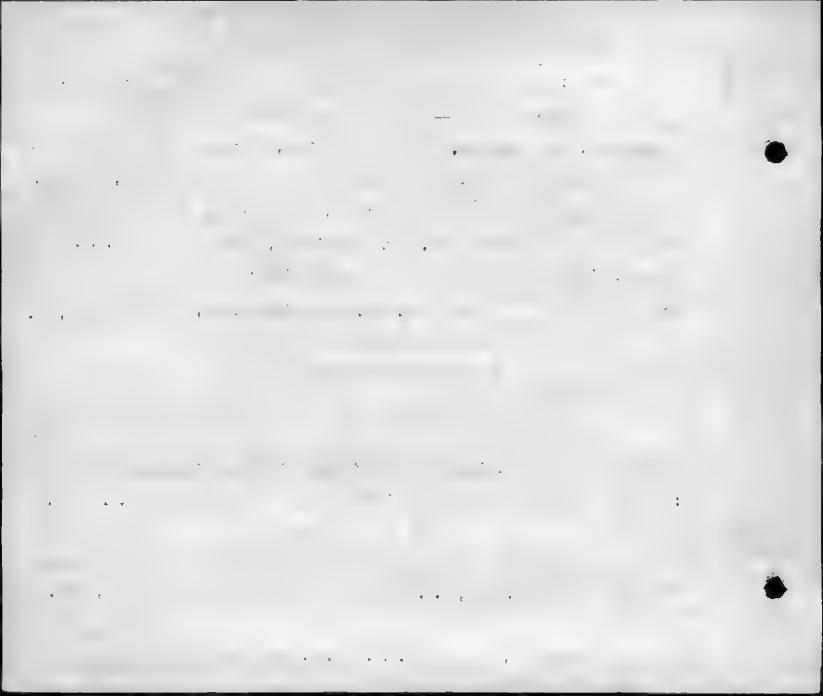
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CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission)

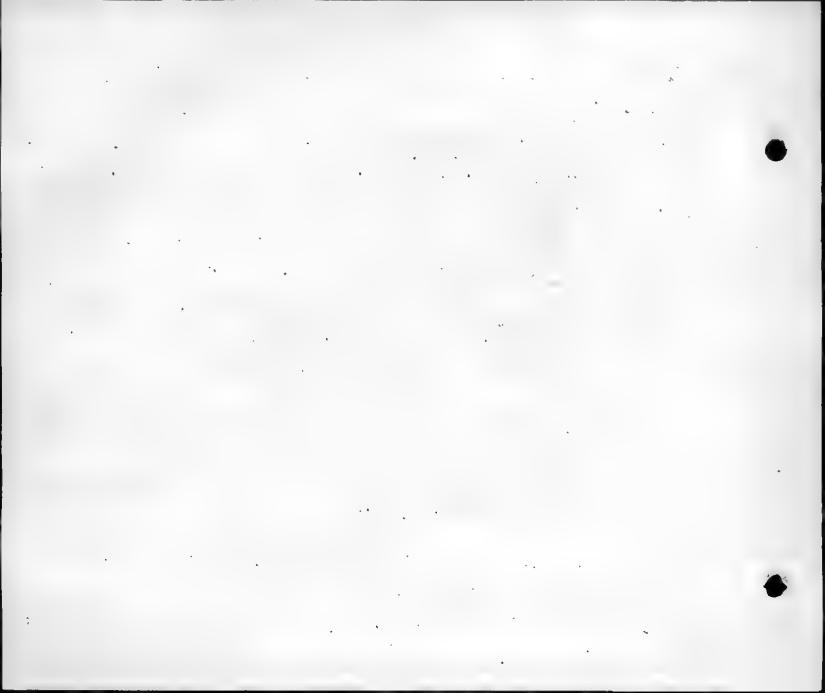
	COUNTY PRIV	100 G	eorge	MARYLAND	g. STATE	56. DC	b. COUNTY			
1	CITY OR TOWN (IF	outside corporate lin	-	OTH OF STAY IN 16	c CITY OR TOWN (I	f outside corporo	te limits, write RUR	AL and give nea	rest town)	
	H4aH5	ville	141	2.3 MOS.	Wash	. D.C.		6	1) .	X.
n	OR INSTITUTION	AL (If not in hospital,	give street address)		d. STREET ADDRESS	, ,			on a FAI	
la	rnoll Manc	R 4922	LaSalle	Kd.	1705 P.	54. N.	W.		YES N	
	NAME OF DECEASED	F	irst	Middle	2 Last	4. DATE OF	Month	Do	y Year	-
_	Type or print)		0ma5		Pettit.	DEATH	March	2.5	2 19	<u> </u>
5 5	EX.	6. COLOR OR RACE		IEVER MARRIED	B. DATE OF BIRTH	70	lost birthdoy) A	fonths Doys		M _{ID}
10a	USUA OCCUBATIO	w	WIDOWED _	DIVORCED _	8 - 20 -	77	81 /240	la citizen oc	-401476011	LITENS
100		N (Give kind of work ing life, even if retire	d) Ninu ()	BUSINESS OR INDI	JSTRY 11 BIRTHPLACE (Sto	is or foreign cou	niryj	12 CITIZEN OF	A	NIKTE
13	FATHER'S NAME	7	Irin	+129	14. MOTHER'S MAIDEN	ACI NAME	<u>.</u>	0,3,	<i>M</i> ,	
• •	Matt	60	Pallit	U	8/10/	10	enna.	0		
15.	WAS DECEASED EVER	IN U. S. ARMED FO	RCES? 16. SOCIAL S	SECURITY NO. 117.	NFORMANT		Address		I dell	14 PL
(Yat	no. og unknown)	If yes, give war or dates of	service) Na.	10 12	Dr. Bornes	esta Para	earl 49	23/2	hell	C. C.
	18 CAUSE OF DEA	TH [Enter anly one o	ouse per line for (o)	7.2	1	are gare	7		RVAL BETWI	
	PART I. DEA	TH WAS CAUSED BY.	mutest	wal te	markag	elin	w	ONS	ET AND DE	ATH
	1772	/ DUE TO	1	,	1 Dow	ektie	ulites	2		1
	Conditions if or		(b) Cleri	rule 6	aletis	/		50	DAM	ld.
	gove rise to in cause (a), stating t		0						0	-4
	lying cause last.)	(c)							
NOI	PAIT II. OTH	ER SIGNIFICANT CO	NDITIONS CONTRIBL	TING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIVEN	I IN PART 1(o)	9. WAS AUT PERFORME	OPSY ED?
:ICA)	Myp	even	sive	Hear	UNIX	ease	•		YES N	0 4
CERTIFICATION	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	4	W INJURY OCCURR	ED. (Enter noture of injury i	n Pari I or Port I	l of item 18.)			
MEDICAL	20c. TIME OF INJURY	Y Month, Doy, Y			LACE OF INJURY (Home, for		r town)	(County)		(State)
MED	Hour o.m.	19		t while "	ciory, street, office blog., (10-1	4.			
	21 I certify tha	t (1) (this hospite	al) attended the	deceased from	Mari 15 1	25 T. ta	May 22	. 1961, th	at (I) (we)	last
	saw the deceas	ed alive on	de 22_19	and that	death accurred & L	DAR Storp 11	ne causes and	an the date	stated ak	oave.
	22guSIGNATURE		0-11			uen		3/	/ 22b D/	
<	22c PHYSICIAN'S	lus V	· J d	unan		DIRECTOR -	PHYS.	122	161	
	NAME (Type)	=RANC	7/5 P	HANNI	AN SIL	-17.	57.N.	W.WA	SH.Z.	<u> </u>
23a	BURIAL, CREMAT OF	400 6 00	OF 23c N	AME OF CEMETERY	OR CREMATORY	23d LOCATIO	N (City, tawn, ar	county)	(State)	-
Ľ	JUBIAL .	3-25-	61 M	DLIVET	CEMETER	V Wis	SHING	TON 1	D,C	
24,	FUNERAL DIRECTOR'S	SIGNATURE	487/ 1/4	DRESS DA h	114 0 1000 \$	C'D BY REGISTRA		MAR'S SIGNATUI		
	Trancisy	COCELLE	JUX1-147	1.01/1/10	DATE DATE				~~	



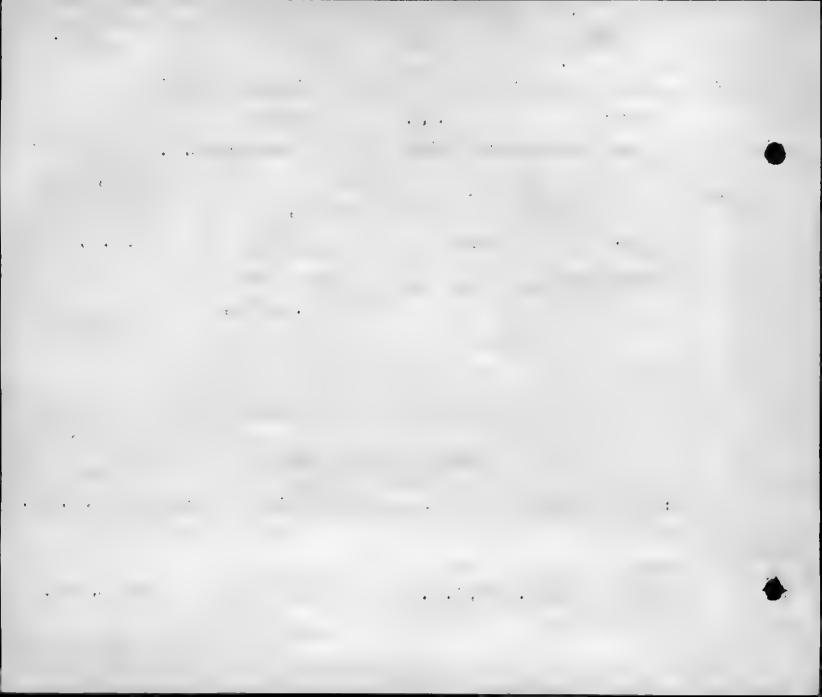
LARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH USUAL RESIDENCE (Where decessed I vad, If institution, Residence before edmission) . COUNTY B. STATE b. COUNTY Prince Georges County Maryland Prince Georges MARYLAND b. CITY OR TOWN (if outside corporets firm ts. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (f outside corporete limits, write RURAL end give nearest town) director. your dof write RURAL and give neerest town) Upper Marlboro Upper Marlboro d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Chew Road, Upper Marlboro. Box 3139. Chew Road YES NO 3 NAME OF M ddle 4. DATE Month DECEASED (Type or print) RICHARD Reman PINKNEY DEATH 19 61. March 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) May 11, 1913 WIDOWED [7] DIVORCED . Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or fore an country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Prince Geo. Cty. Laborer Nottingham, Maryland PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George A. Pinkney Skinner Lena 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Box 3139 Chew Road (Yes, no, or unknown) | [[fvesgive wer or detectof service] Unknown Yes. Mrs. Mary Louise Pinkney, None Upper Marlboro, Md 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY, Hemorrhage and shock IMMEDIATE CAUSE (.) Office **DUE TO** removal, Shot gun wound of the abdomen Conditions, if any, which geve rise to immediate cause DUE TO (a), steting the undarlying besn eq PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 18 1 19. WAS AUTOPSY PERFORMED? te the certificate, writing the word forwarded to the Chief Medical E. DIRECTOR: Page 3 should be NO ± 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Pert I or Part II of item 18.) PRIMARY For CONTRIBUTING CAUSE OF DEATH. Injured by the accidental discharge of a shot gun 200 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, White Not White fectory, street, office bldg., etc.) 20c. TIME OF INJURY (County) Month, Day, Year (Statio) Yard of home 1961 Upper Marlboro P.G. at work at work A.A. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X. Inquiry X Undetermined manner death resulted from: Natural causes Accident X Suicide Homicide . CHIEF MEDICAL EXAMINER designated DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for SIGNATURE DEPUTY MEDICAL EXAMINER JAMES I. BOYD. M.D. March 11. 1961. NAME (Type Address (Street, city, town, or county) 22d, LOCATION (City, town, or country) 228. BURIAL, CREMATION, 225. DATE THEREOF 22c NAME OF CEMETERY OF SREMATORY REMOVAL (Specify) BURIAL METHODIST CHBRCH CEM. NAYLOR, MARYLAND ₩ 40 P 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S VS. A15ME 1820 9th St. N. W. Wash. DC MAR 1 6 '61 5M 7/59 Colling & House



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	3483 CERTIFICATE OF DEATH Reg. Dist. (No. 3476
(B. 1	1. PLACE OF DEATH O QUINTY O STATE O S
IVI	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 C. STAY OR TOWN (If fulside corporate limits, write RURAL and give nearest town) RIBAL and give nearest town) RIBAL ond give nearest town) A. O. O. A. Landover Hells
	A NAME OF HOSPIPAL (If not in haspital, give street address) OR INSTITUTION Prince Henges Hencial Hospital 7/06- Varnum Ricce YES NO
_	3. NAME OF DECEASED (Type or print) Sara & Middle Power 4. DATE OF DEATH 3- 25- 1961
	S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH Figure DIVORCED DIVORCED B DATE OF BIRTH 9 AGE (In years lost birthdoy) Months Doys Hours Min.
	100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY (17. BIRTHPLACE Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY'S What leter Community (17. BIRTHPLACE Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY'S What leter Community (18. CITIZEN OF WHAT COUNTRY'S WHAT COUNTRY
	Folia J. Forver Mary J. Hard.
	(5, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (IV yes, give wor or dotes of service) (If yes, give wor or dotes of service) (If yes, give wor or dotes of service)
	18 CAUSE OF DEATH [Enter only one causa per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY OCCUPACION ONSET AND DEATH IMMEDIATE CAUSE (a) 1 OCCUPACION OF CONTROL OF
	Conditions, if any, which) politica - Scharake the art Diserse -
	gave rise to immediate couse (a), stating the under-lying cause last. (c)
j	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II af item 18)
	20c. TIME OF INJURY Manth, Day, Year Hour o. m. 19 While at work of work of work foctory, street, office bldg., etc.) (Caunty) (State
	21. I certify that lattended the deceosed from 1775, 19, ta 2725 65, 19, that I lost sow the decease alive on 3, 19, ond that death occurred atM, from the couses and on the date stated above
ă.	ACTUAL SIGNATURE Owner (10 Karple M.D. 4501 - Colle. Mrg hur CB+C. A
1	PHYSICIAN'S James A. O'treette MO
	220. BLRIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole) & County (Stole) & C
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRÉSS MA MAINIE 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE ADDRÉSS MA MAINIE DATEMAR 3 0 '61 WILLIAM & KLAUA
	y y



AND RECORDS, 301 W. PRESTON STREET, MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, if institution: Residence before edmiss on) a. COUNTY Page Health, a. STATE **b.** COUNTY I director, Page for your files. Prince Georges County MARYLAND District of Columbia b. CITY OR TOWN (foutside corporete I mils, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete I mils, write RURAL and give neerest town) for your 30 write RURAL and give nearest town) Cheverly D.O.A. Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? Prince Georges General Hospital Stale YES NO X Street i within 24 hours aften death. If are 18. Give Pages 1, 2, and 3 to the h. form PM3. Page 5 may be retain mit. File pages 1 and 2 with the State event within 72 hours after deat 3. NAME OF DATE 4. OF (Type or print) HARRY PRICE DEATH March 18. 19 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 1 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER lest birthdey) Months Male August WIDOWED DIVORCED 10e USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. B RTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) South Carolina S. Laborer General 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Drakford Carry Price 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address permit. (Yes, no, or unknown) ! (If yes give wer or detes of service) along with transit permit Mrs Carry P. Jackson. same as # 2 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: LEMORCHAGE IMMEDIATE CAUSE (6) Office burial-t removal, STAB WOUND Conditions, if any, which geve rise to immediate cause Examiner's 60 DUE TO (e), steting the underlying SE PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDITION GIVEN IN PART 1:0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? e the certificate, writing the word cremat should be forwarded to the Chief Medical FUNERAL DIRECTOR: Page 3 should be NO 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port I or Port II of Hem 18.) PRIMARY TO OF CONTRIBUTING TO Page 3 sho to burial, Stabbed during an altercation 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While al work a gas station Glen Arden Woods. prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X. agent, Homicide death resulted from. Natural causes Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S March 18, 1961 JAMES I. Μ. D. NAME (Type) pinous Address (Street, city, town, or county) DEP 22a. BURIAL CREMATION. 226. DATE THEREOF 226. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, fown, REMOVAL (Specify) O 42 240. REC'D BY REGISTRAR I VS. ATSME MAR 2 2 16 arthur S. Kines 5M 7/59

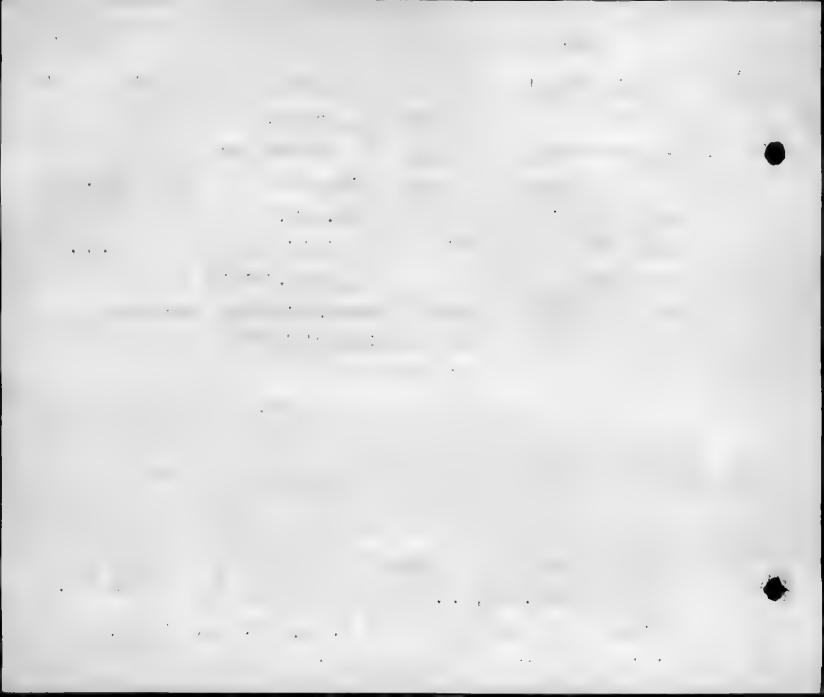


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND $3485\,$ medical examiner's certificate of death FOR STATE HEALTIL PEPT. 1. PLACE OF DEATH a. COUNTY al director, Page for your files. Prince George's MARYLAND c. LENGTH OF STAY IN 16 TO write RURAL and give nearest lown) Greenbelt 1 tyears 70 Greenbelt d. STREET ADDRESS refained State 5 Fayette Place 5 Fayette Place NAME OF Middle 4. DATE buld be executed within 24 hours after death. If an in mencil in them 18, Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be retainfal-transit permit. File pages 1 and 2 with the 5 world, and in any event within 72 hours after decover, and in any event within 72 hours after decover. DECEASED OF (Type or print) DEATH Lucy Quisenberry Jones 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED -DIVORCED Female 10e. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Housewife Retired Virginia

14. MOTHER'S MAIDEN NAME Office along with form PM3. 13. FATHER'S NAME Henry Broedus Anna L. McIntire 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no. or unkown) | [[fvesqivewarordatesofservice] James R. Quisenberry None Unknown 18. CAUSE OF DEATH [Enler only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: Acute congestive heart failure removal, and IMMEDIATE CAUSE (e) **DUE TO** Cardiovascular renal disease Conditions, il eny, which {b} gave rise to immediate cause rto. DUE TO (e), stating the underlying cause lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,6); 19, WAS AUTOPSY cremation, 3 "e the certificate, writing the word forwarded to the Chief Medical E. L. DIRECTOR: Page 3 should be sted agent, prior to burial, cremati 20e EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, (City or lown) fectory, street, office bldg., etc.) While Not While at work . at work . 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 😿, Natural causes + Accident Suicide Homicide . death resulted from: CHIEF MEDICAL EXAMINER A Parent Land ASSISTANT MEDICAL EXAMINER should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S JAMES 1. BOYD, M. D. Addres
22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY NAME (Type) should Address (Street, city, town, or county) DEP 220, BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) March 22,1961 Antioch Baptist Q 40 P Burial Ch. Ceme. St. Virginia _Just 23. FUNERAL DIRECTOR 246. REGID BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. AISME Riverdale, Maryland. 5M 7/59

LAND STRITE DEPARTMENT OF HEALTH

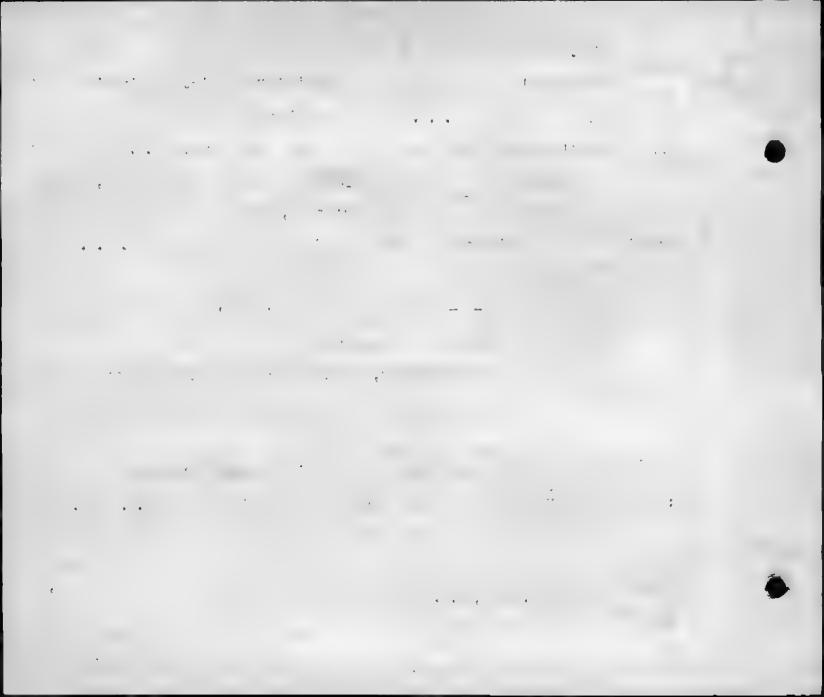
2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Prince George's c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YES NO Month 20th. 1961 March 9. AGE (In yours | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Lame as #2 INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO -(State) Inquiry 😿 and in my opinion Undetermined manner DATE SIGNED March 20th. 22d, LOCATION (City, town, or country)



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND CERTIFICATE OF DEATH 3486 funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission, Prince George 라 q 부 MARYLAND ince George by the b. CITY OR TOWN lif outside corporate limits. c. LENGTH OF STAY N 16 c, CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Cheverly .∈ ~ 11 Days Hwattsville ed d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Prince George General Hospital 6911 Barton YES NO Road 3. NAME OF M dale Lest 4. DATE Month complet DECEASED OF (Type or print) DEATH Tony Ramos Mar. 10 1961 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER) YEAR | IF JNDER 24 HRS. last birthday} | Months Days Hours I Min. WIDOWED | Apr. 22. 1902 D.VORCED Male White physician 10a. JSUAL OCCUPAT ON (G'va kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRT PLACE County & State, or foreign country) 12. C TIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) S United States Air ForcePortigal Ketired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Unknown and Anna à Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass removal, (Yes, no, or unkown) ((Ifyesgivawerordalesofservica) Hildegarde Ramos 220 34 4968 Hyattsville, Md. signed by the 18. CAUSE OF DEATH [Entar only one cause par line for (a), (b), and (c)., INTERVAL BETWEEN Annluse 24 the ge ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **burial-transit** DUE TO Conditions, if any, which gave risa to immediata causa DUE TO (a), stating the underlying causa last. the hospital or PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a); 19. WAS AUTOPSY 56 PERFORMED? 0 NO prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18., OR CONTRIBUTING [] CAUSE OF DEATH R: After this detached for (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, , 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work DIRECTOR:, 19. (e. that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from. The front the causes and on the date stated above .., and that/death occured at.f. saw the deceased alive on....... 22b. DATE 22a. SIGNATURE ATTENDING 3-10-51ENED DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRES 74th Ave Bellemead, Md. NAME (Type) Dr. F.K. Musser, M.D. eath. P. FUN irector, 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CHAMBERLY 23d, LOCATION (City, fown or county) (Stata) REMOVAL (Spacify) 3/14/61 Arlington Virginia Arlington National る意思 Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Gasch's Sons Hyattsville Md. 15M 9/60 DATE MAR 1 6 '61 Circling & House



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission al director, Page for your files. a. COUNTY District of Columbia MARYLAND b. CITY OR TOWN (if outs de corporata lim is, c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Write RURAL and give nearest town) ďö Washington D.O. A. d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? 1740 GEORGE'S GENERAL HOSPITAL YES NOT NAME OF DECEASED OF (Type or print) DEATH GARNERIT LATINE MARCH 1961 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) DIVORCED MALE WIDOWED IDe. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratirad) Kitchen equipment Mechanic U. S.A. Virginia pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Oscar Lee Raux Nellie Bowler Reamy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Reamy. Addrass (Yas No or unkown) [(Ifyas giva war or datas of service) Ramy, Same as # Mrs Elizabeth R. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN Office along to burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Henorrhage and shock IMMEDIATE CAUSE (a) **DUE TO** Crushed chest, multiple lacerations of the face [6] gave rise to immadiata cause DUE TO (a), stating the underlying cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(8)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? *e the certificate, writing the word forwarded to the Chief Medical E L DIRECTOR: Page 3 should be aled agent, prior to burial, cremat NO T 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Part I or Part II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY Good CONTRIBUTING CAUSE OF DEATH. In an automobile that was in an head on collision 20d. INJURY OCCURRED, 2Da. P.ACE OF INJURY (Homa, farm, 20f. (City or town) Month, Day, Year (County) (Stata) factory, street, office bldg., atc.) Not While at work Silver Hill 21 I certify that I took charge of the remains described above, held an Autopsy Inspection A. Inquiry A. Accident X Suicide death resulted from: Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER (A) JAMES I. BOYD. M.D. NAME (Typa) Address (Streat, city, town, or county) DEP 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) 22a. SURIAL, CREMATION 3-16-61 Singers Glen, Va. 0 1 24a, REC'D BY REGISTRAR | 24b, REG STRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME arthur & Kroud 5M 7/59 J.Wm. Lee's Sons Co



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be a by the haspital or attending physician.

TO FUNER. RECTOR: After this certificate has been signed by the attending physician and campletely filled by the funerall director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremotian, ar remayal, and in any event, within 72 hours after death.

may be 7

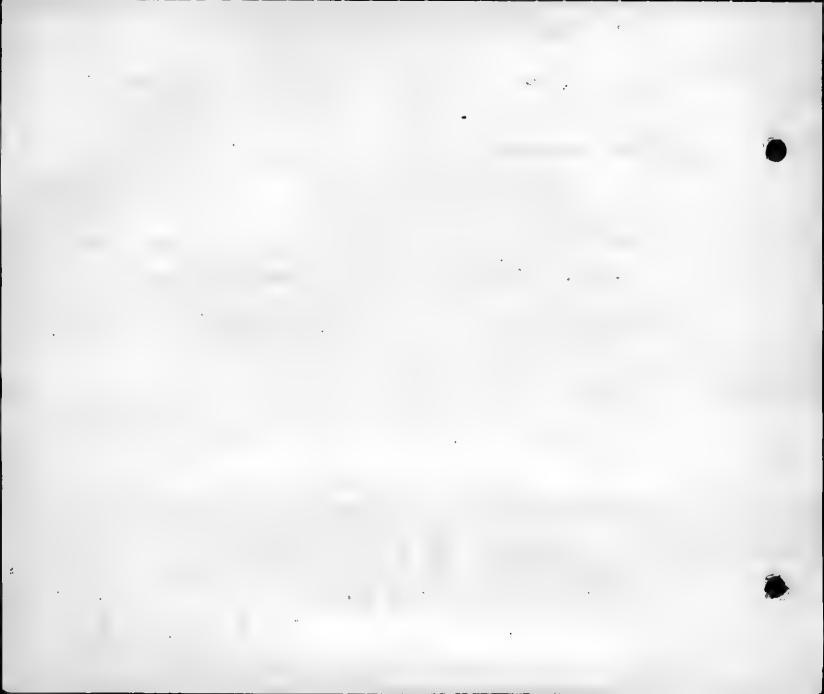
VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

3488 CERTIFICATE OF DEATH

03481

	PLACE OF DEATH o. COUNTY		2 USUAL RESIDENCE (Where deceased live		nce before admission)	
	Prince Georges	MARYLAND	o. STATE Mary	land	Prince	Georges	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	CITY OR TOWN (f outside corporate I	imits, write RURAL and	give nearest lawn)	
	Cheverly	15 days	Adely	ohia			
71	d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION		d. STREET ADDRESS			e IS RESIDENCE ON A FARM?	
7	Prince GeorgesGenera	l Hospital	1521	Kanawha	Street	YES NO	
	NAME OF First DECEASED	- Middle	Last	4. DATE	Month	Day Year	
	(Type or print) Karen	Louise	Reilly	OF DEATH	March	29 19 61	
Ī	S SEX 6 COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. A		TYEAR IF UNDER 24 HRS	
	Female White WIDOWE	D DIVORCED	1h Mar 196	51 1.5	st birthdoy) Months	Doys Hours Min.	
Ī	Oa. USUAL OCCUPATION (Give kind of wark done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Sec	ite or foreign country	12 CIT	ZEN OF WHAT COUNTRY	
	None		Chiver	lu mar	reland	u.s	
	3. FATHER'S NAME		14. MOTHER'S MAIDEN	I NAME	1-0		
	Robert J. Reck	CL	There	esa C	Pliem	mer.	
- Д	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) 1 (If yes give wer or dates of terrical)	SOCIAL SECURITY NO 17. II	NFORMANT	2 0	Address	4	
	, in the second second		14coki	taly	River	ds	
F	18. CAUSE OF DEATH [Enter only one couse per lin	e far (a), (b), and (c).]	11.0	/ / 1	:COLI	INTERVAL BETWEEN	
	PART I DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a)	rotthen 9	- dely the	flan (2610/2	7 dellano	
_ [DUE TO	1 - 0			,-	1.11	
	Canditians, Fany, which) (b) Sharekean						
	gave rise to immediate cause (a), stating the under-						
	lying couse tost. (c)						
	PAIT II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE CO	ND TION GIVEN IN PAR	RT 1(a) 19, WAS AUTOPSY PERFORMED?	
	PART II. OTHER SIGNIFICANT CONDITIONS OF THE PART III. OTHER SIGNIFICANT	RITY +	- ATEL	EC-1115	11	YES NO	
	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of I tem 18.) OR CONTRIBUTING CAUSE OF DEATH						
		C.	ACE OF INJURY (Home, fo	orm, 20f (City or to	own) (awc	Caunty) (State	
	Haur a. m While p. m 19 at wor	Not while	ciory, aireer, dirice blug,	eic i	/		
	21. I certify that (I) (this haspital) altend	ed the deceased from	3/14	196/ 10 3	120 16	that (I) (we) las	
	saw the deceased olive on 3/2	/- /2 ·	/ / /		course and on the	e dote stated above	
	220 SIGNATURE			2-91, 470111 1119	causes and on m	22b OATE	
	Aslok The	Angele /11)	M.D PHYS	MED ST DIRECTOR P	TAFF HYS 🗆 🗸 🦠	3/29/SIGNET	
	22c. PHYSICIAN'S NAME (Type)	7	22d ADDRESS	-7	R 11.	1	
	NAME (Type) Dr. Joseph.	The Jonal	dM.D,7309	116657	10.11197	73011461	
F	23a. BURIA., CREMAT ON, 23b. DATE THEREOF	23c NAME OF CEMETERY O	OR CREMATORY	23d LOCATION	(City, town, or county)	(State)	
1	REMOVAL (Specify) 3/29/61	Int. Olever	1. Carnetes	Uss	herstan.	1-6.	
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS M. P.	elvier 250 Pl	D BY REGISTRAR	256 REGISTRAR'S SI	GNATURE	
	Malley's Turerol'h	CHIP IN	DATE!	1 3 9 :25			
E	0 1 - 10 2 2 2 1	the state of the s					



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH 3489 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution Residence before admission) a. COUNTY a. SYATE Prince Georges MARYLAND c. CLTY OR TOWN (If outside corporete limits, write RURAL and give necrest town) b. CITY OR TOWN (if outside corporete I m.ts, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) 1 day Adelphia Cheverly Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) d. STREET ADDRESS Prince Georges General Hospital Kanawha Street 3. NAME OF DATE plet DECEASED DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BRTH lest birthdey) MIDOWED DIVORCED [March 1961 Male White 10a. USUAL OCCUPATION (Give kind of work physician 106, KIND OF BUSINESS OR INDUSTRY RIRTHPLACE (County & State, or fore gn country) done during most of working I te, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl Theresa C Plummer Robert Jes. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Then (Yes, no, or unkown) [Ifyesgivewerordelesofservice] the 18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), and (c), PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO PREMATURITY Conditions, if eny, which geva risa to immediate ceuse DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 0 CERTIFICATION certifica 200. ACCIDENT WAS UNDERLY NG OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part II or Part III of stem 18.) Po 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form,) 20f. (City or town) Month, Day, Year While factory, street, office bldg., etc.) Not While et work at work p.m. 19 6 to 3 / 15 ..., 196 , that (I) (we) last saw the deceased alive **SIGNATURE** ATTENDING DIRECTOR PHYS. PHYS. MD. 22d, ADDRESS 22c. PHYS CIAN'S 23d. LOCATION (City, fown or count director be file 23a. BURIAL, CREMATION, | 23b. THEREOF REMOVAL "(Spegify) REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 2 0 '61 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

Prince Georges

March

(County)

Months

IS RESIDENCE

ON A FARM? YES | NO

1961

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

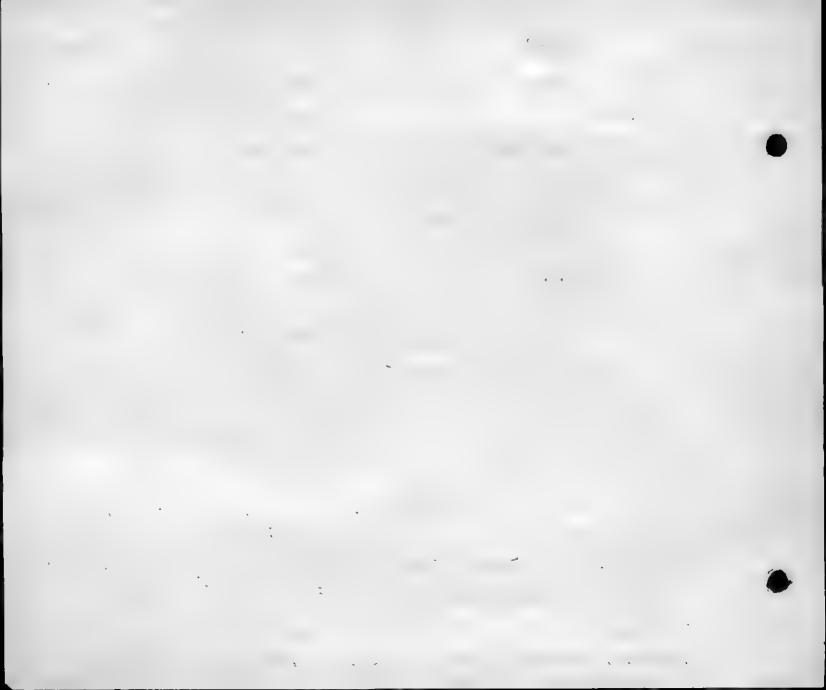
LIFE

PERFORMED?

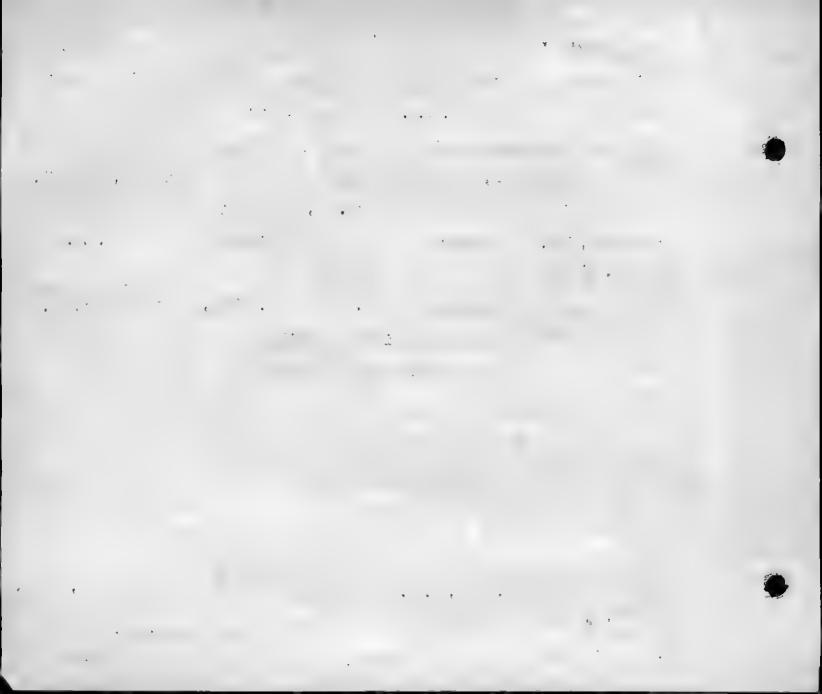
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22b. DATE

SIGNED

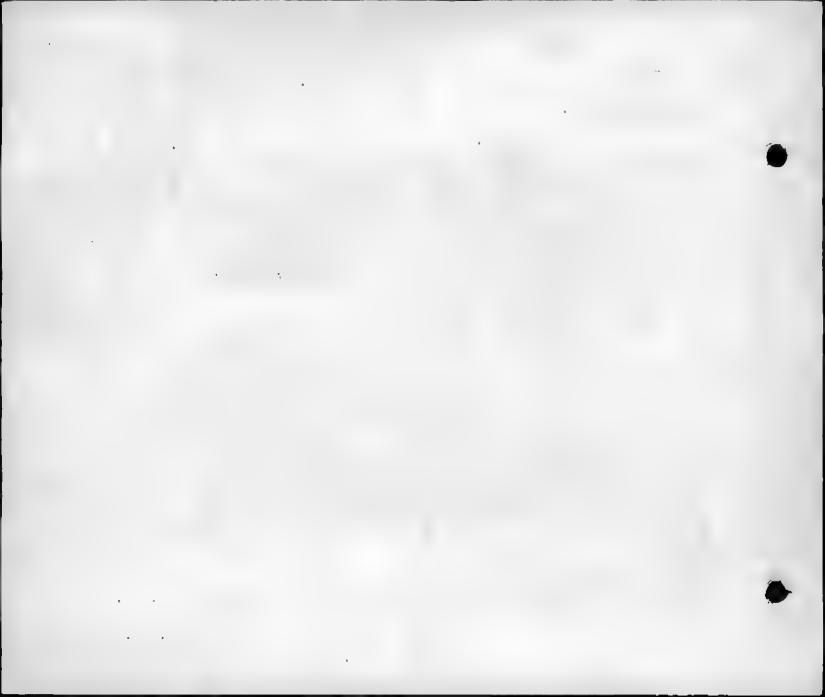


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FUR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, if institution, Residence before admission) director, Page or your files. Health e. COUNTY b. COUNTY Prince Georges is necessary, Prince Georges County Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 15 c. CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) for your Jo. Colmar Manor D. O.A. Cheverly Boar d. NAME OF HOSPITAL OR INSTITUTION (il not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 39th Avenue Prince Georges General Hospital YES NO 3. NAME OF 4. DATE Month Year DECEASED OF (Type or print) JAMES VAN BRACHEL RITARY DEATH 19 61. March with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years I IF UNDER I YEAR) IF UNDER 24 HRS. may l 2 with PM3. Page 5 may pages 1 and 2 with within 72 hours a last birthday) Months WIDOWED -Male White DIVORCED [10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or fore gir country) 12. CITIZEN OF WHAT COUNTRY? Pages 1, 2 done during most of working life, even if relired) U.S.A. Iron Worker, Ret. Industry Virginia form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew J. Riley Emma Lloyd in Item 18. Give <u>6</u> 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT 3411 39th Avenue (Yes, no, or unknown) [[fryesquewerordatesofservice] Mrs. Margaret M. Riley. Colmar Manor, Md. **578-10**-0159 None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN Office along ONSET AND DEATH PART I. DEATH WAS CAUSED BY, Acute congestive heart failure IMMEDIATE CAUSE (e) DUE TO Cardiovascular renal disease Conditions, if eny, which [b] geve rise to immediate couse (0) DUF TO (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Y£5 pinous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Peri I or Peri II of item 18.) PRIMARY Tor CONTRIBUTING TO CAUSE OF DEATH. Le the certificate, writing Chief age 3 20c. TIME OF INJURY 20d INJURY OCCURRED | 20e. PLACE OF INJURY [Home, form, ' 20f. (City or lown) Month, Dev. Yeer (County) (State) forwarded to the Chia L DIRECTOR: Page fectory, street, office bldg., etc.) While Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection XI. Inquiry X and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [" designated STREET, STREET, ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER (X) EXAMINER'S March BOYD, M. NAME (Type) Address (Street, c'ty, town, or county) DEP 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Burial (Specify Fort Lincoln Cemetery E40 9 Colmar Manor, 23. FUNERAL DIRECTOR **ADDRÉSS** 24e. REC'D BY REGISTRAR I VS. A15ME F. Gasch's Sons Hyattsvil APR 3 Cirching S. France Maryland 5M 7/59

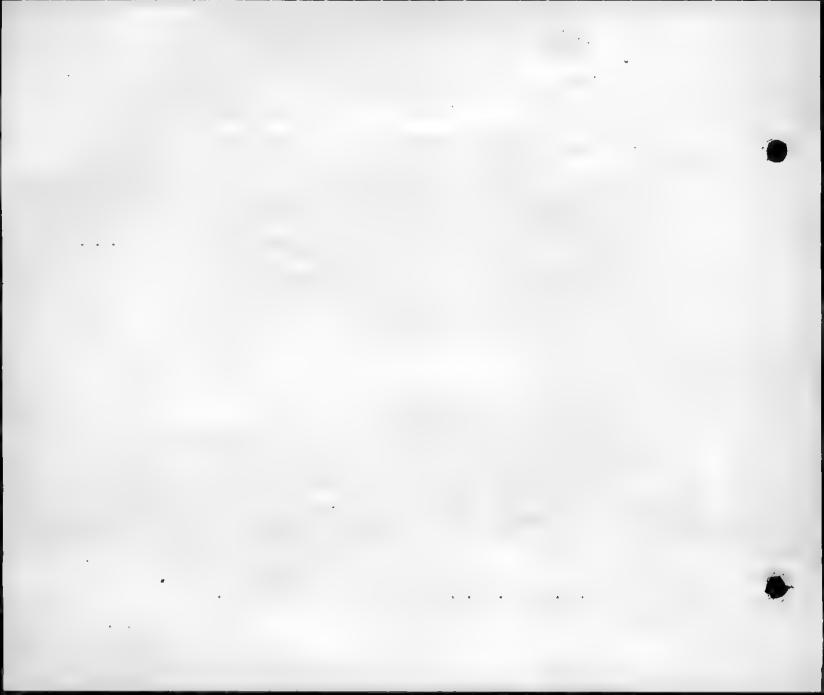


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 3491 Reg. Dist. No.[] R / S / 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission O. COUNTY PRINCE GEORGES filed o. STATE b. COUNTY MONTGOMERY MARYLAND ofter dooth. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) HYATTSVILLE "" should TAKOMA Park Md d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 3304 LANCER DR. ON A FARM? 8008 GARLAND AVE. YES NO IN Ferrina Nurging-Hame NAME OF 4. DATE Middle DECEASED (Type or print) DEATH 19 S SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TX 8 DATE OF BIRTH 9. AGE (In years IF UNDER 3 YEAR IF LINDER 24 HR last birthday) 2/12/61 WIDOWED | DIVORCED I yrs 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) USA MARYLAND none 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME LEROY ROBBINS RUTH M. WALLIN IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no. or unknown) FATHER AS # 2 same 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEM PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) [County] (Stole) Hour o. m. factory, street, office oldg., etc.) While Not while of work of work p. m. 21. I certify that Lattended the deceased 192/ that I last saw the deceased and that death occurred at 4/1/M, from the causes and an the date stated above. alive on_ ADDRESS (Street, city of Town, stote) DATE SIGNED ACTUAL SIGNATURE PRIVATERANCE oseph Mc Donald Hyattsville, Md. NAME (Type) 220 BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR SERVING TORY 22d. LOCATION (City, town, or county) (Stote) abod REMOVAL (Specify) 3/29/61 George Washington Hyattsville, Md. Burial ADDRESS Hyattsville 23. FUNERAL DIRECTOR'S, SIGNATURE 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE **YS A1S (4)** 1SM 10/S7

15



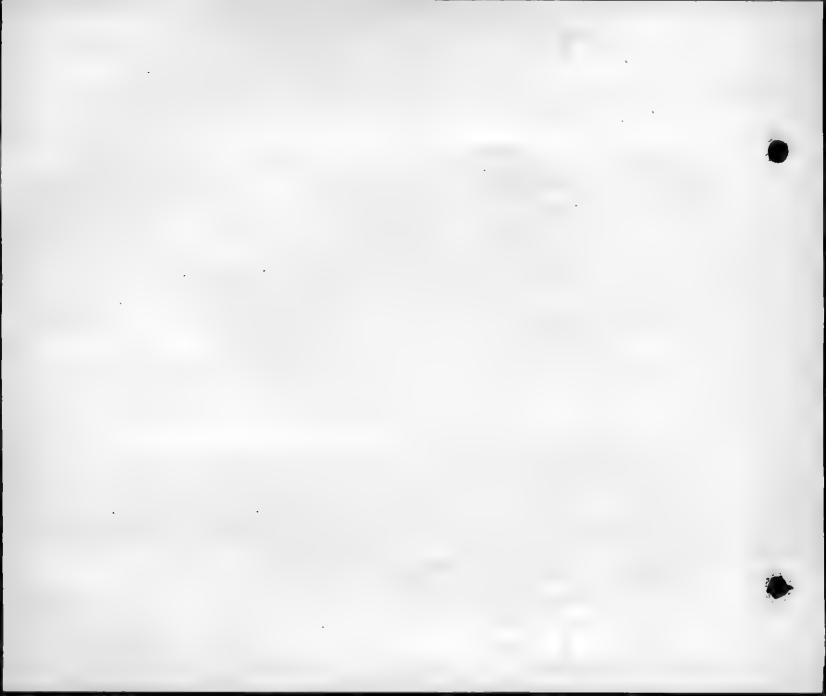
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the lemth certificate be executed within 24 hours after leadth Page 4 may be will by the hispital ar attending physician.

TO FUNER ECTOR: After this certificate has been signed by the attending physician and completely filled with the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remake carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. may be o VR A15 (4) 15M 9/59

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND					
	3493 CERTIFICA	TE OF DEATH	03487			
~	PLACE OF DEATH) COUNTY TRUES SERGE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Real STATE b. COUNTY	esidence before (cm, ssion)			
M)	b CITY OR TOWN (if outside porpologic limits) write c LENGTH OF STAY IN 16 RURAL and give negretitiown)	c CITY OR DOWN (IF outside corporate limits, write RURAL	and give nearest town)			
	d. NAME OF HIGSPITAL (If not in haspital, give street address) OR INSTITUTION 8366-14-4.	7306-14-2h Ane-	e. IS RESIDENCE ON A FARM? YES NO			
-	3 NAME OF DECEASED (Type or print) ANTIONETTE Middle	Risso 4. DATE Month OF DEATH Mexcl.	Day Yeor - 26 196/			
	5 SEX Fonde 6 COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED		NDER 1 YEAR IF UNDER 24 HRS nIhs Days Hours Min.			
	10a USUAL OCCUPATION (Give kind of work dofe during most of working life, even if retired)	STRY IN BIRTHPLACE (Stole or foreign country)	2.CIT.ZEN OF W OUNTRY?			
T	13. FATHER'S NAME Avoslable	14. MOTHER'S MAIDEN NAME (Walable				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17 (16 year, give wor or dates of service)	Mrs. Rose Ro. Stelle (Bayer	as #2/			
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gove rise Io immediate cause (o), sloting the under-	Thronboris artiriosalirosis	INTERVAL BETWEEN			
	Iying couse lost. (c)		N PART 1(a) 19 WAS AUTOPSY PERFORMED 2 YES NO			
E.		ED. (Enter nature of injury in Port 1 ar Port II of item 18.)				
	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. P While Not while at work of wark	LACE OF INJURY (Home, form, 20f. (City or town) octory, street, office bldg., etc.)	(County) (State)			
	21 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. 220 SIGNATURE	Feb 21, 1961, to frame 26 death occurred of DM, from the courses and on	1966, that (I) (we) last n the dote stated abave.			
Į.	220 PHYSCIAN'S	M.D. ATTENDING MED DIRECTOR STAFF PHYS.	SIGNED			
ł	NAME (TUDE) NICHARD F. SITAW 236. 80RIAL CREMATION 236 DATE THEREOF 236 NAME OF CEMPTERY	OR CREMATOR 23d. LOCATION (City, town, or co	WASH 17 DC			
	Sweet March 29-1961 Olive Byen	ich Pomelery Partamon	the Var.			
	JUNEAU DIRECTOR'S GIGNATURE 254 CARROLL AT. 7.	The state of the s	R'S SIGNATURE MA S. Krona			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institution; Residence balora admission) B. COUNTY a. STATE b. COUNTY Prince Georges Prince Georges MARYLAND 가 그 부 라 그 수 by the c. C.TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 write RURAL end give naarest town) Cheverly 18 days Lanham c d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give street eddress) pa d. STREET ADDRESS 9016 Prince Georges General Hospital Street papers, 3. NAME OF 4. DATE complete 2 DECEASED OF (Typa or print) DEATH Howard J K Ryon March with: 6 COLOR OR RACE 17, MARRIED NEVER MARRIED carbon B. DATE OF BIRTH 9. AGE (In years, IF UNDER 1 YEAR last birthday) and Months | Days Nale White WIDOWED 1 event, physician 12. CITIZEN OF WHAT COUNTRY? гетоув 10a. USUAL OCCUPAT ON (Give kind of work 10b, KIND OF BUSINESS OR NDUSTRY, 11. BIRTHPLACE (County & State or foreign country) dona during most of working life, even if ratirad) Gas Co Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding pleas Pearl. Unknown alten 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) (Ifyes give war or dates of sarvice) Mrs Alice Osborn 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Conditions, if any, which peeu gave risa to immediate causa DUE TO (e), stating the undarlying has hospital or an certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION 9 prior 2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW NJURY OCCURED, (Enter neture of injury in Part I or Part II of Item 18.) for MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Homa, farm, 20f. (City or town) Month, Day, Yaer factory, streat, office bldg., etc.) Not While Hour a.m. at work et work may be relained DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from.... , and that death occurred at it. I MAN om the causes and on the date stated above. saw the deceased alive on ATTENDING. STAFF PHYS. D RECTOR PHYS. 22d. ADDRESS PHYSICIA 230. BURIAL, CREMATION, 236. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOVAL (Specify) Arlington.National Arlington. 0 Burial DIRECTOR'S SIGNATURE 25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4)

15M 9/60

(County)

. IS RESIDENCE

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(Steta)

22b. DATE

(Stete)

IF LINDER 24 HRS

ON A FARM? YES NO T

DATMAR 2 2 '61

atten & Kana



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 3495 director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Prince George's Filed MARKENER funeral b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b should be Capital Heights, Md 9 years d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS D Street .. D Street 6104 NAME OF Middle 4. DATE Filled DECEASED (Type or print) DEATH 7. MARRIED NEVER MARRIED B. DATE OF BIRTH completely WIDOWED | DIVORCED T June 3. 1905 papers. death, during most of working life, even if retired) Housewife North Carolina own home ond Pour 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physician Mary Giddeons Robert W Rivenbark 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Joseph Scopin no edse 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] d PART I, DEATH WAS CAUSED BY: STOMACH ANCER OF IMMEDIATE CAUSE (a) DUE TO permit. Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last.

b. COUNTY Prince George & c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Capital Heights. Md. S RESIDENCE ON A FARM? YES NO K Year IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years Jay birthday) Manths Days yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? SA Address Bethesda, Md. INTERVAL BETWEEN ONSET AND DEATH CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 20g ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (State) factory, street, office bldg., etc.) Hour a.m. While Not while at work ot wark , 1961, that I last sow the deceased 21. I certify that I attended the deceased from and that death occurred at 3.4 M, from the causes and on the date stated above. olive on ACTUAL SIGNATURE KIRCHNER PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR GREMATORY 22d. LOCATION (City, lown, or county) Fort Lincoln Cemetery 3/4/61 Colmar "anor, Md. **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons Hyattsville, Md. arthur & Trave

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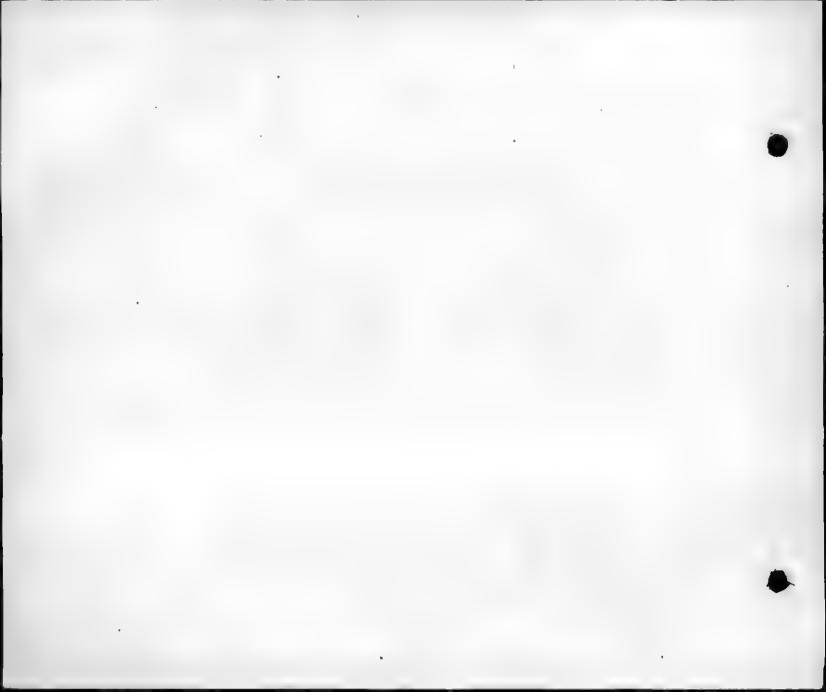
Reg. Dist. No. 3480

has been signed **burial-transit** by the hospital or ottending A ATTENT of by the I å Þ poge

after death

requires that the deoth certificate be executed within 24 hours

moy be re' VS A15 (4)

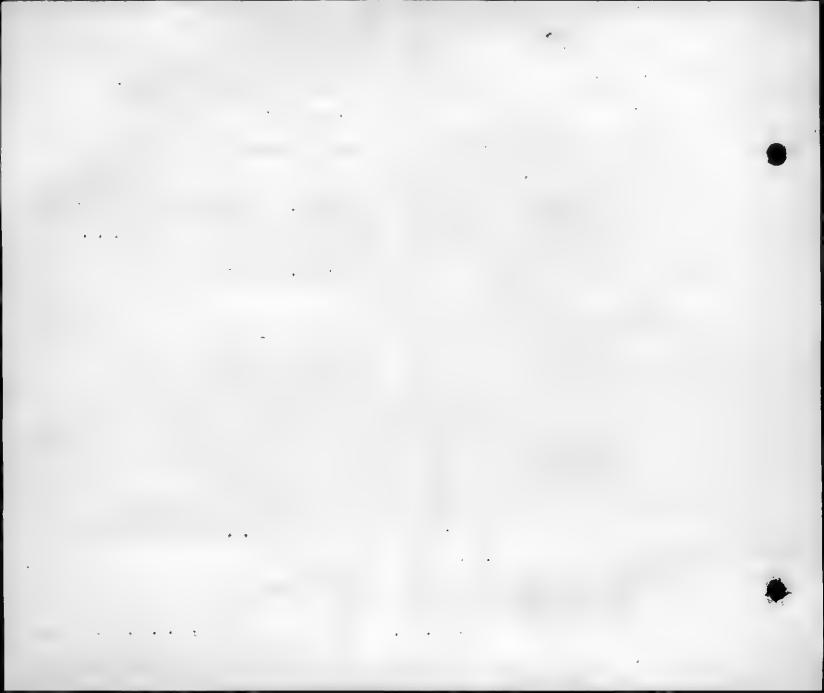


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before edmission) BE COUNTY al director, Page for your files. District Of Columbia Prince George's MARYLAND b. CITY OR TOWN (foutside corporate I mits, c. CITY OR TOWN (If outside corporate I m ts, write RURAL and g ve neerest town) c. LENGTH OF STAY IN 16 for your f write RURAL and give nearest town) D.O.A Cheverly Washington d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 15 RESIDENCE ON A FARM? 315 C St. Prince George's General 4. DATE uld be executed within 24 hours after death. If an in pencil in Item 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be retaurial-transit permit. File pages I and 2 with the 5 oval, and in any event within 72 hours after de-DECEASED OF (Type or print) DEATH 196I Joseph Milburn Simms Jr. 8. DATE OF BURTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED White last birthday) WIDOWED [DIVORCED TOB. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3, Page burial-transit permit, File pages I an done during most of working life, even if retired) U.S.A Maryland Short Order Cook Restaurants 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary B. Simms Joseph M. Simms 16. SOCIAL SECURITY NO. 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | (Yes, no, or unknown) (Ifyasg vewarordetesofservice) 5811"64, Ave. East Pines Havre Jr. Riverdale Md. 18. CAUSE OF DEATH [Enfar only one cause par line for (e), [b], end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (a) DUE TO removal, Fracture of the skull, crushed abdoman (b) geve rise to immediate cause **DUE TO** (a), stating the underlying 36 cause lest. cremation, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16. 19. WAS AUTOSY CERTIFICATION PERFORMED? NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY To CONTRIBUTING TO struck forwarded to the Chief L DIRECTOR: Page 3 20c. TIME OF INJURY 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) Month, Dey, Yeer -(Stele) factory, street, office bldg., atc.) While Not While at work at work Route prior 21. I certify that I took charge of the remains described above, held an Autopsy 🗍. Inspection | Inquiry agent, death resulted from: Accident Try Suicide Undetermined manner Natural causes Homicide 7 CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATUR FUNERAL DEPUTY MEDICAL EXAMINER [5] NAME (Type) James DEPU Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Mt.Olivet, Cemetery Washington. O 940 Burial 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME Orthur & Kraus Lee.Funeral.Home 300.4th st N DATEMAR 9 761 5M 7/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND PLACE OF DEATH Prince George p. STATE b. COUNTY MARYLAND Maryland after death. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) Cheverly College park d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS Prince George General Hospital 5005 Lakeland Road NAME OF DECEASED Middle 4. DATE Poges 1 filled Girl Smith Baby (Type or print) DEATH death 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years 8. DATE OF BIRTH completely last birthday) of ler Female Colered DIVORCED | March 27, 1961 WIDOWED | yrs. papers. 100 USJAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 111 BIRTHPLACE (State or foreign country) DUES during most of maring life, even if retired) Maryland none puo 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME physicion Gloria J. Christian John Smith 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no. or toknown) none Mother Same offending pleose 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO permit. Conditions, if any, which (b) gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. buriol-fronsit P PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(a) 19 cremotion, 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) Y V TIME OF INJURY Dov. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home form, 20f (City or town) factory, street, office bldg , etc.) MED Hour a. m While Not while at work of work 21 I certify that (1) (this haspital) attended the deceased from March 27, 1961, to March saw the deceased alive an March DIRECTOR: 220 SIGNATURE ATTENDING MED DIRECTOR PHYS þe MD PHY5 0 ped 22c PHYSICIAN'S 22d ADDRESS P ME (Type) page 3 st the State FUNE 0 DATE THEREOF BUR AL CREMATION, 23b 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Cheverly. Gremation Hosp o ADDRES 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE APR 3 15M 9/59

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Prince George c, CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? YES NO T Month Day Yeor March 28 19 61 IF UNDER I YEAR IF UNDER 24 HRS Manths Days 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO T (County) (Stote) 28 19 61 that (I) (we) last 28_19 61, and that death accurred a5:25%, present the causes and an the date stated abave. 23d LOCATION (City, fawn, or county) (State) P.G. County Meryland 256 REGISTRAR S SIGNATURE Cilling 9 K



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

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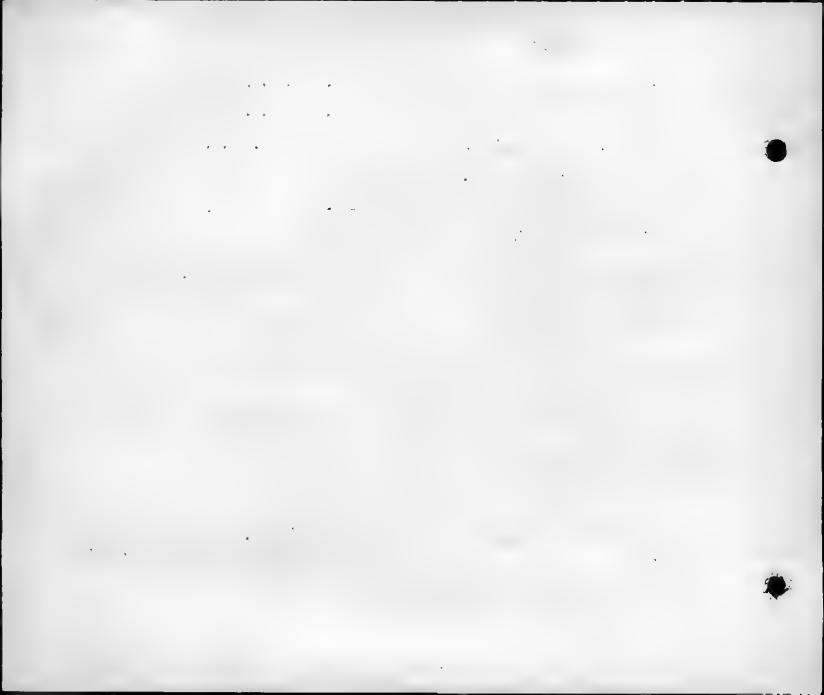
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Ď.		3438	CERTIFICA	IE OF DEATH		(10200
3		PLACE OF DEATH o. COUNTY Prince George b C:TY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	maryland c Length of Stay in 1b	Wash. 17. E	ere deceased lived. If institution: Residen b. COUNTY utside corporate limits, write RURAL and	· · · · · · · · · · · · · · · · · · ·
*,	>	Cheverly d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Prince George General		Wash. 17, D d. STREET ADDRESS LOLL 13th S		e. IS RESIDENCE ON A FARM? YES NO FARM?
		NAME OF DECEASED (Type or print) Paul	Middle C. Smith	Last	4. DATE Month OF DEATH March	Day Year 28 1951
)		Male White widowi	ED DIVORCED	7-26-1891	last birthday) Months 69 yrs	1 YEAR IF UNDER 24 HRS Doys Hours Min
<i>J</i>	13.	EATHER'S NAME WAS DECEASED EVER 'IN U. S. ARMED FORCES? 16 s. no. or unknown) USUAL OCCUPATION (Give kind of work done 10b duping mest, or working life, even if retired) STATE OF THE S	Governmenth.	STRY 11 BIRTHPLACE (SIGIO A A O A O M 11. MOTHER'S MAIDEN Y MANY STORMANT HORMANT HORMANT	or foreign country) 12 CITI 10 Jud 12 CITI 14 Address according to the state of	L.S.
**	ATION	18. CAUSE OF DEATH {Enter only one cause per line PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO	alexionales	and the second s	NAL DISEASE CONDITION GIVEN IN PAR	INTERVAL BETWEEN ONSET AND DEATH IT I(0) 19 WAS AUTOPSY PERFORMED? YES [-] NO [-]
	WEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Yeor Hour a.m. While	f	D. (Enter nature of injury in 1 ACE OF INJURY (Hame, farm ctory, street, office bldg., etc.	20f. (City ar town) ((County) (Stote)
)	~	21 I certify that (I) (this haspital) attends as the deceased alive on _March_2 220. SIGNATURE 220. PHYSICIAN'S NAME (Type) Non MR M D D	ded the deceased fram	leath accurred of 115	Mp from the causes and an the	
1	9	BURIAL, CREMATON, 236 PATE THEREOF REMOVAL (Spec fy) FUNERAL DIRECTOR'S SIGNATURE Alley's Funeral Tem	23c NAME OF CHARTERY OF FORLY ADDRESS	stu (23d LOCATION (City, town, or caunty) Colwar Mark D BY REGISTRAR 25b REGISTRAR'S ST	SNATURE CNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4, may be 12, at by the haspital or attending physician.

TO FUNERA OR FIGURE After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled within 12 hours after leath.

VR A1S (4) 15M 9/S9



TO HOSPI moy be 2 TO FUNER

VS A1S (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 2200

eg. Dist. No. (134	J	Ę
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2433			Keg.	Dist. No.			
1. PLACE OF DEATH O COUNTY Prince Geo's	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland b. COUNTY Pr. Geo's					
b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	_		atside carporate limits, write RURAL at	nd give nearest town)			
Suitland	2₹ Mos•	Upper Mar	10010				
d. NAME OF HOSPITAL (If not in hospital, give street or institution Suitland Nursing Hom		d. STREET ADDRESS		8. IS RESIDENCE ON A FARM? YES NO A			
3. NAME OF First (Type or print) Plummer	Middle Elisha	Smith	4. DATE Month OF DEATH MErch	30 Year 61			
35-3 a 350-1 to		s DATE OF BIRTH Sept. 9, 1879	- lost highdays as at	DER 1 YEAR IF UNDER 24 HRS Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired) Watchman	b. KIND OF BUSINESS OR INDUS		_ i •	CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME				
John Henry Smith		Margaret	E. Wells				
Aver no as unknown)	6. SOCIAL SECURITY NO. #578-22-08-39	Mary Eli	zabeth Smith- $_{ m M}^{ m Address}$	Upper arlboro, Md.			
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate couse (a), stating lihe under-lying cause last (b) DUE TO DUE TO	oronary t Irterioscler	the cardion	us vascular diseas	onset and Death Kours			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO STATEMENT NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO STATEMENT NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO STATEMENT NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO STATEMENT NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO STATEMENT NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO STATEMENT NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO STATEMENT NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO STATEMENT NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO STATEMENT NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO STATEMENT NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO STATEMENT NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED.							
200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
Haur a.m. Whi	f.,	ACE OF INJURY (Hame, farm, street, affice bldg., etc.)		(County) (Stole)			
m1 1/ 20	21. I certify that I attended the deceased from fan 5, 1961, to Warch 30, 1961, that I last saw the deceased alive an March 39, 1961, and that death accurred at AM, from the causes and an the date stated abave ADDRESS (Street, city or town, state) DATE SIGNED						
SIGNATURE Thomas t. Cleary M.D. 5558-Silver Hill Rd SE 4-1-61							
PHYSICIAN'S Thomas F. Cl.	eary, M. D.	Wash	ington 28, D	, C ,			
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or count	ty) (Stale)			
Burial 4/1/61	Trinity Cen	etery	Upper Marlbor	o, Md.			
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS IV	24g. REC'D	8Y REGISTRAR 24b. REGISTRAR'S	SIGNATURE			
Ritchie Bros.Fun'l Ho	ne-Upper Marl	boro, DATE AD	D 7 761	0 14			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institutions Reside e. COUNTY . STATE Maryland b. COUNTY Prince Georges Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate him ts, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 write RURAL and give nearest fown) Michigan Park Hills Michigan Park Hills d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Jonathan Street 1513 Jonathan YES NO 3. NAME OF Midd e 4. DATE DECEASED OF (Type or print) DEATH female COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IF UNDER I YEAR) IF UNDER 24 HRS. 1 8. DATE OF BIRTH lest birthday) Months 1 Days Hours WIDOWED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Retired Government Washington, D.C. U.S.A. 13. FATHER'S NAME John H. Smith Lena Reckeweg 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unkown) (Ifyesgivewarordatesofservice) same as #2 Lilian Smith 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. 17 mo's Carcinomotosis IMMEDIATE CAUSE (a) DUE TO Cancer of Stomach Canditions, If any, which gave rise to immediate couse DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIa) 19. WAS AUTOPSY PERFORMED? NO · 20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of indury in Part I or Part II of Item 18)
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While Hour e.m. at work at work 21. I certify that (I) (the has been attended the deceased from Sept. 13, 19.60 to Jan. 18...., 1961 that (I) (Not last 19.60, and that death occurred at 1.40, fast the causes and on the date stated above 22b. DATE 22a, SIGNATURE ATTENDING. March 19 DIRECTOR PHYS. PHYS. MD 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) CONN HVE N.W. 230. BUR AL, CREMATION, 236. DATE THEREOF 1 236. NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, fown or county) REMOVAL (Specify) Suitland, Maryland Cedar Hill Cemetery 14th St.

258. REC'D BY REG STRAR 256 REGISTRAR'S SIGNATURE

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ector, FUL 0 VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

S.H. Hines Co. Washington 9. D.C.

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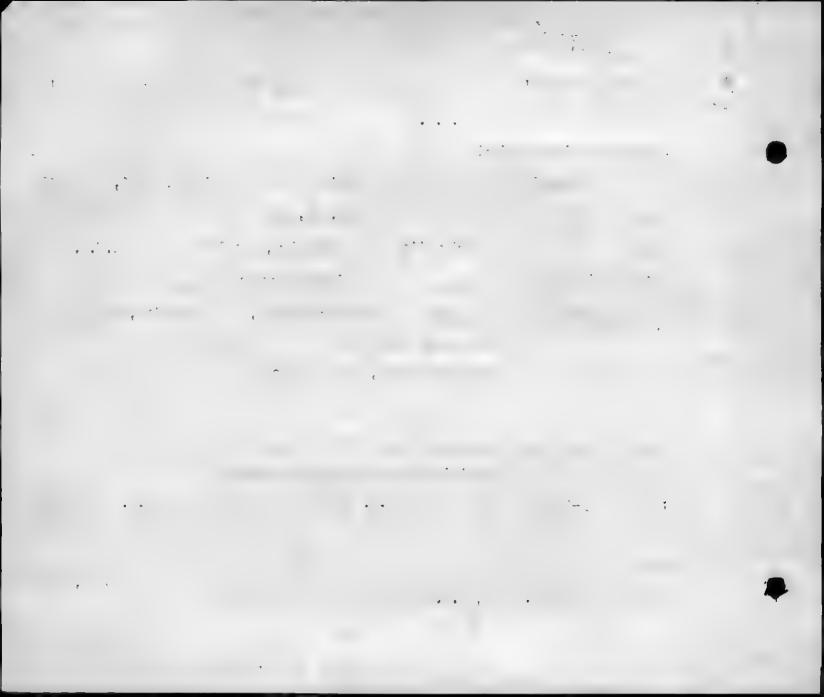
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RYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. FOR STATE CERTIFICATE OF DEATH MINITH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY ay is ne. e. STATE b. COUNTY PRINCE GEORGE'S MARYLAND Prince George's b. CITY OR TOWN (I outside corporate l'mits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate l'mits, write RURAL end give neerest lown) write RURAL and give neerest lown) Riverdale

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Murici ric e. IS RESIDENCE ON A FARM? Leland Memorial Hospital YES NO executed within 24 hours after death. If an iff in them 18, Give Pages 1, 2, and 3 to the form PM3. Page 5 may be retain ansit permit. File pages 1 and 2 with the Stand in any event within 72 hours efter deat Middia i ast 4. DATE Month Year DECEASED OF (Type or print) DEATH amile! mith 61 AGE (In years IT UNDER I YEAR IT UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BURTH last birthdey) Months WIDOWED [DIVORCED | Male yrs, 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B.RTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Laborer Construction Murkirk, Maryland U.S.A. 13. FATHER'S NAME Frank Smith Keziah Brewer IS, WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) ((fyes give wer or detes of service) Elemor Gerrett. None Unknown. Murkirk. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Office alon Henorrhage and Shock IMMEDIATE CAUSE (a) removel, DUE TO Fractured Skull. Crushed Chest (b) geve rise to immediate cause **DUE TO** (e), stelling the underlying cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19, WAS AUTOPSY PERFORMED? 8 ie the certificate, writing the word forwarded to the Chief Medical E L DIRECTOR: Page 3 should be ated agent, prior to burial, cremat NO K 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY IN or CONTRIBUTING CAUSE OF DEATH. Pedestrian struck by an automobile | 20d. INJURY (Home, form, 20f. (City or town) MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer (County) (State) fectory, street, office bldg , etc.) Not While et work U.S. Route #1 et work Marki rk Maryland 21. I certify that I took charge of the remains described above, held an Autopsy 🗍 Inspection 🛣 , Inquiry 🛣 and in my opinion Accident T. Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) should should BOYD Address (Street, city, town, or county) 220 BURIAL CREMATION, 226. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) ₽40 g 24s. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. AISME 5M 7/59

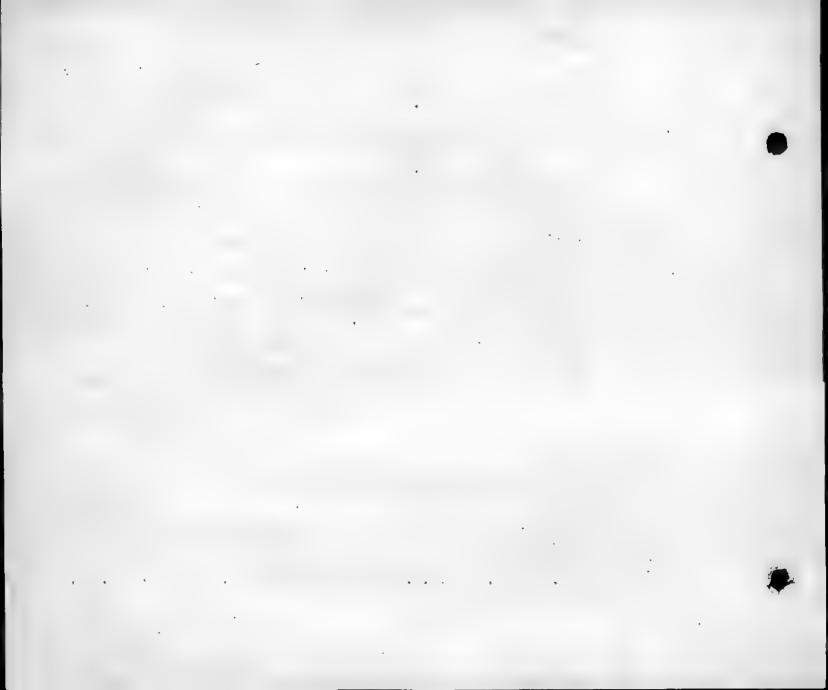


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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

2502 CERTIFICATE OF DEATH

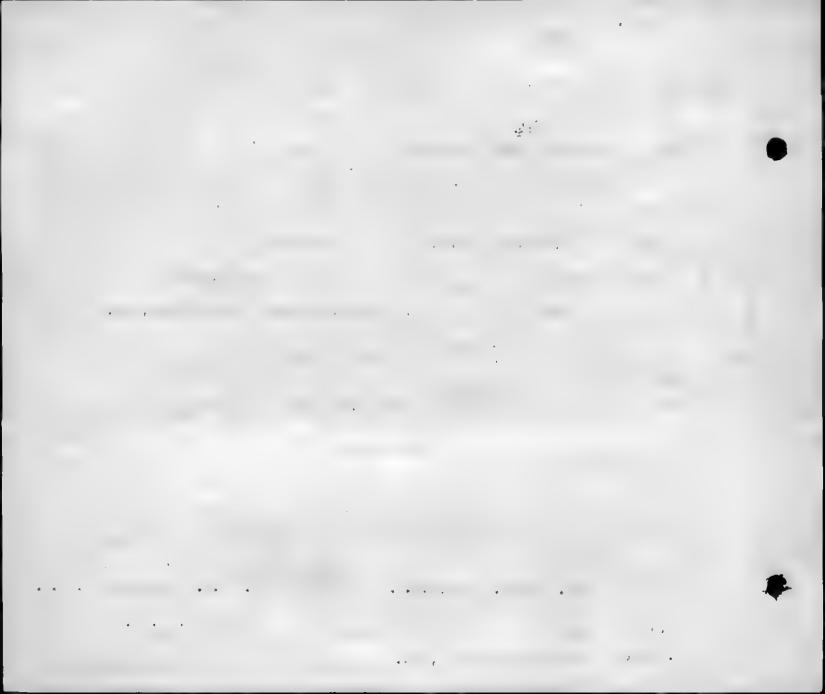
3300	13448
1. PLACE OF DEATH COUNTY INCE George MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) Mary Land b. County Prince George
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RIPAL and awe nearest town) 35 Nin.	c CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn) Hyattsville
d NAME OF HOSPITAL (If not in haspital, give street address) Prince George's General Hospital	d. STREET ADDRESS 4.317 Madison Street. on A FARM? YES \(\) NO \(\)
3. NAME OF First Middle DECEASED (Type or print) Nettie B.	Smoot 4. Date Month Doy Year Smoot DEATH March 29 1961
s sex 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH P AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min
10a USUAL OCCUPATION (Give kind of work dane lob. KIND OF BUSINESS OR INDUSTRIES OF IN	W. Virginia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME (
IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 IF	asyareta. O'Meara & Span alleghong on
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate couse (o), staining the under-lying couse lost. DUE TO DUE TO Conditions (c)	lish heightbean Thes
CATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I ar Part II of item 18)
Soc TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, form, 20f (City or town) (County) (State) ctary, street, office bldg., etc.)
220 SGNATURE 90 Pum	peath occurred at 2P1M, from the causes and on the date stated obave M D PHYS DIRECTOR D PHYS. 3 - 30 4/200 DATE 22d ADDRESS 35th Ave. Hyattsville. Ma.
230-BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY-OF REMOVAL (Specific 3-3)-1961 FIRST JUNE 1	oly Com, Bendendury Mal
U.N. Ehumbers to Twerday	DATE 250 RECIDEN REGISTRAR 256, REGISTRAR'S & GUATURE



CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased fixed, If Institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY Privee a. STATE PriNCE George by the and 2 death, MARYLAND b. CITY OR TOWN lif outside corporate limits. c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give nemest town) c. LENGTH OF STAY IN 15 write RURAL and give neerest fown? 2 Pages . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO 3. NAME OF DECEASED (Type or print) AGE IIn Voors | IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lest birthday) Months W DOWED K DIVORCED [10a, USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIR physician done during most of working life, even if retired? S Maryland Retired Telephone operator 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please Then please Laura Kidwell Alfred Lanham 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yas give war or detes of service) William L Soper Beltsville. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), ,b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Pulmonary Edema DUETO Arteriosclerotic Heart Disease Conditions, if eny, which geve rise to immediate cause DUE TO Pericarditis (e), stating the underlying cause last. General ized Arteriosclerosss Severe Anemia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? YES 🚾 NO 🗔 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part I or Pert II of Item 18.) 200. ACCIDENT WAS UNDERLY NG OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer factory, streat, office bldg., atc.) Not While While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from 2-25 saw the deceased alive on 3-10 - 1961, and that death occured at A.M. from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE SIGNED ATTENDING 10 61 DIRECTOR PHYS. PHYS. 22d. ADDRESS 72c. PHYSICIAN'S Washington 7, D.C. 940 25th St., N.W. NAME (Type) Jean C. Bateman, M.D. 23c. NAME OF CEMETERY OR CREMATORY (State) 23e. BURIAL, CREMATION | 23b. DATE THEREOF 23d. LOCATION (City, town or county) Washington D. C. REMOVAL (Specify) 0 Burial Glenwood Cemetery 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) F. Gasch's Sons Hyattsville, Md. DATE MAR 1 6 '61 15M 9/60 arthur & Heres

MARYLAND STATE DEPARTMENT OF HEALTH

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH erol director, be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND the funeral should be fi b. CITY OR TOWN (If outside corporate liftits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL pad give neorest/town) v frd a d NAME OF HOSPITAL (If not in hospital, give street address d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO Dug 3. NAME OF Middle DATE Month Day 4000 filled DECEASED Pages Type or print) DEATH after death 19 10 SEX 6. COLOR OR MARRIED NEVER MARRIED 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS etely B. DATE OF lost birthdoy) Months Doys Hours nale WIDOWED N DIVORCED [7] comple papers 10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? haurs retrie and 13. FATHER'S NAME physician гетаме 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address of service) altending 18. CAUSE OF DEATH | Enter only one coust (or (o), (b) and (c) INTERVAL BETWEEN ONSET AND DEATH ₫ PART I. DEATH WAS CAUSED BY: DUE TO g permit. Conditions, if any, which (b) gned gave rise to immediate DUE TO couse (a), stating the underlying couse lost. been si **buriol-transit** haspital or attending physician After this certificate hos been t PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY cremation, PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Port I or Port II of item 1B) OR CONTRIBUTING CAUSE OF DEATH the 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 14.91, that (1) (we) last 21 I certify that (I) (thi attended the deceased fram, and that death accurred a harmon the causes and an the date stated above the deceased alive an OR ATTENI 22b DATE ATTENDING PHYS MED DIRECTOR STAFF è Board 22c PHYSIC, AN' 22d, ADDRES NAME (Type) TO FUNERA page 3 sh the State (*) 230 BURIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown, or couply) (Stote) REMOVAL (Specify). 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25b REGISTRAR'S SIGNATURE 25a REET D BY REGISTRAR MAR 6 arthur S. Krous DATE 15M 9/59

after death. Page



Division of STATISTICAL RESEARCH **BALTIMORE 1, MARYLAND** FOR STATE 1h Film 285 1/2 UEURE RESIDENCE (Where decessed lived, If institution, Residence before edmission) HFALTH DEPT 1. PLACE OF DEATH e. COLINTY Page director, Pag-Prince George's MARYLAND Prince George's c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neeres Town) write RURAL and give nearest town) Seat Pleasant d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ò e. IS RESIDENCE ON A FARM? 6414 Jay YES NO Prince George's General Hospital Street DATE NAME OF DECEASED OF (Type or print) DEATH Richard March Stewart wilh 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. and 2 w lest birthday) -Months DIVORCED WIDOWED [USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 106, KIND OF BUSINESS OR INDUSTRY form PM3. Page done during most of working life, even if retired) in pencil In Item 18. Give Pages U. S. A. Laborer General permit. File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Stewart Eliza Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unkown) | (Ifyesgive werer detes of service) Mary A. Stewart. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (a) Office DUE TO burial Conditions, if any, which Cardiovascula remal disease geve rise to immediate cause 40 DUE TO (a), stating the underlying 25 PART II, OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I 8 + 19, WAS AUTOPSY CERTIFICATION PERFORMED? 2 стета Fractured hip, right 1950 NO Medical plnous 2Da. EXTERNAL CAUSE WAS 20b. DESCR BE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. the the comments of the chief was forwarded to the Chief was at DIRECTOR: Page 3 st ate the certificate, writing | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY [Home, farm, | 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) Not While While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 😿. Inquiry T and in my opinion death resulted from: Natural causes Accident [Suicide Homicide [Undetermined manner CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should oe for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAM NER March 27th., 1961 EXAMINER'S JAMES I. BOYD, M.D NAME (Type) Address (Street, city, town, or county) 22 BURIAD CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 6 24a. REC'D 8Y REGISTRAR VS. A15ME Ciriling S. Hisua 5M 7/59

DVI AND STATE DEPARTMENT OF HEALTH



VR A15 (4) 15M 9/59

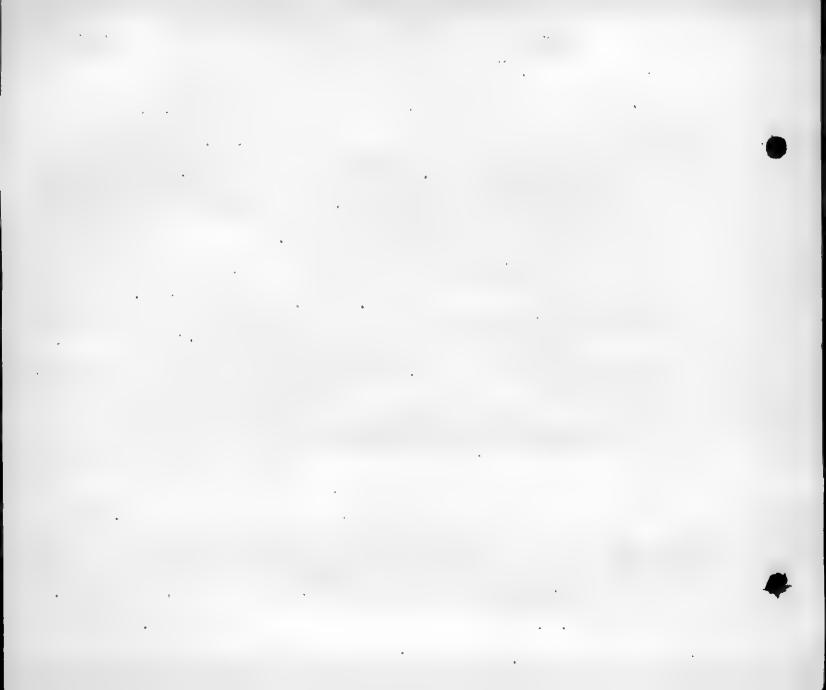
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И	ARY	LAND	STATE	DEPARTMENT	OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 3506 CERTIFICATE OF DEATH

03500

	o. COUNTY Prince	George		MARYL		o. STATE	ENCE (Whe	ere aeceasea	b. COUNTY	on Kesige	nce bero	re oomiss	lon)
		If outside corporate limi	s, write	E LENGTH OF STAY II	V 16	c. CITY OR T	*	•	ote limits, write R		give nec	rest low	1
4	Suitland			3 yrs			W	ashing	gton, D.	C.		4	1 3 -
1	d. NAME OF HOSPIT	TAL (If not in hospital, g	ive street	oddress)		d. STREET AL					I	e. IS RES	IDENCE %
1) Suitland	Nursing H	me			2316	Que	St.,	S. E.				NO 🛂
1	NAME OF DECEASED (Type or print)	Jennie Fir	it	Middle A.	Sto	ne		4. DATE OF DEATH	Marc	P	Do	f	Yeor 19 <i>6</i> /
ľ	5. SEX	6. COLOR OR RACE	7 MAR	RIED NEVER MARRIED	B D	ATE OF BIRTH			9. AGE (In years		RIYEAR	IF UND	R 24 HRS
1	Female	White	WIDOW			pr. 2,			lost birthdoy) 79 yrs	Months	Doys	Hours	Min
	10a. USUAL OCCUPATION during most of world	DN (Give kind of work o king life, even if retired)	lone 10b.	. KIND OF BUSINESS OR	INDUSTRY	11 BIRTHPLA	ACE (Stote o	r foreign co	untry)	12 CI	IZEN OF	WHAT	OUNTRY?
L	Domest		I	Housewife		T	enn.				USA		
Г	13. FATHER'S NAME				1.	4. MOTHER'S	MAIDEN N	AME					
		Si	ple						E	lynon			
ı				SOCIAL SECURITY NO.	17 INFOR	MANT		0.7	16 O Add		OF		
	(Test, Iro, or contragant)	(If yes, give war or dates of s	s vice)		Mrs.	Mary !	E. Ry		10Que shingtor		SE		
F	18. CAUSE OF DEA	ATH Enter only one co	se per li	ine for (o), (b), and (c),				25.5		4	INTI	ERVAL BE	TWEEN
	PART I. DEA	PART I. DEATH WAS CAUSED BY:											
	1 7	IMMEDIATE CAUSE (0) 131 DECEMBER ANCHER (COURT) & MISCAL											
	Conditions, if any, which) (b) Liqueral arterio Sclarain Courty Underson												
	gove rise to immediate DUE TO												
1	lying couse last,	the under-											
-	(5)												
ı	PART II. OTH	Cha Oslarathartiz											
	20g. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.)												
	OR CONTRIBUTING II CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
			r 20d. I	2 200 200	-	OF INJURY (H		-	or town)		(County)		(Stote)
	20c. TIME OF INJUR	19	While of wor	Not while	foctory	, street, office	bldg., etc.)				, ,		()
					7			// 3	2		//		
	· · · · · · · · · · · · · · · · · · ·	The second secon	-9	ded the deceased f	//		- Ch - 2		Karch				we) last
	saw the decea:	sed alive an F	6-2-	28_19_6/, and t	har deat	h accurred	al	M, fram	the causes an	id an th	e date		
	220 SIGNATURE	10.5	-7	1 -11-		ATTENDING	ar ME	D	STAFF			22	SIGNED
	Jes DIVE CLAUSE				M.D.						91		
	22c PHYS CIAN'S NAME (Type)	Paul C. Var	NT-4	h + n		22d, ADDRE				_			
		Taux G. Var	I IVEL	C CB.		544	U Si.	lver l	Hill Rd.	Park	land	Md	*
	230. BURIAL, CREMAT C		F	23c NAME OF CEMET		REMATORY			ION (City fown,			(Stot	e)
	Burial (Specify)	Mar. 3,	1961	Cedar H	ili			Suit	land, P.	G. M	aryl	and	
	24 FONERAL DIRECTOR	S SIGNATURE 166	l G c	pod Hope Rd.	SE		25a. REC'D	BY REGISTI	RAR 2Sb. REGI	STRAR'S S	IGNATU	RE	
1	Orennous	Mas. Was	2. 20		25		DATE MA	7 2 '6	1 a	thur S	. There	ad.	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

3507 CERTIFICATE OF DEATH

03501

- 1									
	o. COUNTY Prince Geo	rge	MARYLAND	o. STATE	ence (Where dec	eased tived If institute b, COUNTY		- 1 m	
)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 16 c. CITY		c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Waldorf				
	Brandywine d NAME OF HOSPITAL (If not in hosp OR INSTITUTION Brandywine - Wa	_	· ·	d. STREET A		and the same of th	y	6. IS RESIDENCE ON A FARM? YES NO	
	3 NAME OF DECEASED (Type or print)	First enola.	Middle G•	Stran	OF			O 1961	
	S. SEX 6 COLOR OR R	ACE 7 MARRIE	NEVER MARRIED	B DATE OF BIRTH		9 AGE (In years lost birthday) 54 yrs		R IF UNDER 24 HR	
1	/ Female White 10a. USUAL OCCUPATION (Gree kind of during most of working life, even if r house wife 13. FATHER'S NAME	work done 10b. KI		STRY 11 BIRTHPL			USA	DF WHAT COUNTRY	
	Henry German			Anna	. carroll				
	15 WAS DECEASED EVER IN U.S. ARMEI (Yes, no. or unknown) (If yes, give war or do			nformant harles A.	Strang	(husband)	White Pl	ains, Md	
62	Conditions, if ony, which gove rise to immediate couse (a), stoting the under lying couse lost. PART II. OTHER SIGNIFICANT	(b) (c) (c) (c) DESCR	NTRIBUTING TO DEATH BU	THOT RELATED TO			VEN IN PART 1(0)	19. WAS ALTOPS PERFORMED YES NO	
)	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMI) 20c. TIME OF INJURY Month Doy Hour o. m. p. m.	NER)	Not while f	LACE OF INJURY (I	Home, form, 20f	(City or town)	{County	r) (Stote	
,	21 I certify that (I) (this has saw the deceased alive an 220 S GNATURE.	pital) attende		M D PHYS.	MED. MED. DIRECTOR	1	nd an the dat	that (I) (we) laste stated abave 22b. DATE SIGNE	
	230 BURIAL, CREMATION 23b DATE FI REMOVAL (Spec fy)	HEREOF	23c NAME OF CEMETERY	OR CREMATORY		OCATION (City, town,	**	(Stote)	
	burial 3-24-6 24. FUNERAL DIRECTOR'S SIGNATURE Funtt Funeral Home	l Waldo	Langley Ceme ADDRESS rf. Md.	every	250. REC'D BY RE	2 104	ISTRAR'S S GNATI		
	The state of the s								

DEUNEX. TRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the buriol-transit permit. Then please remayes carbon papers. Pages 1 the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours ofter death. OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 by the hospital ar attending physician. TO HOSPITAL TO FUNER

VR A15 (4) 15M 9/59

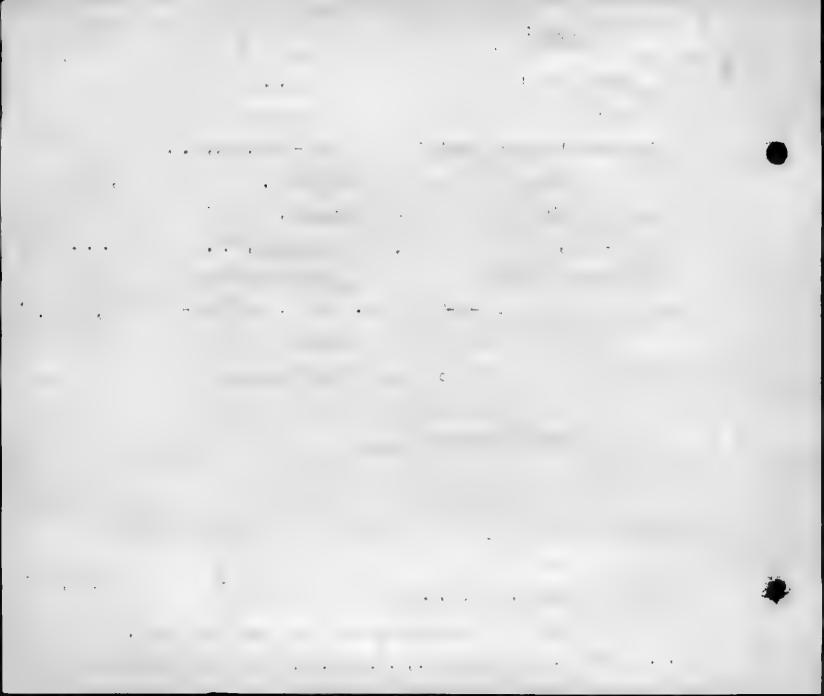
the funeral director, and 2 should be filed with

hours ofter death. Page



Division of STATISTICAL RESEARCH **BALTIMORE 1. MARYLAND** FOR STATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, if institutions Residence before admission) al director. Page for your files. Board of Health, e. COUNTY a. STATE **b.** COUNTY Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown) write RURAL and give nearest town) Cheverly Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street address) d. STREET ADDRESS 15 RESIDENCE ON A FARM? Prince George's General Hospital YES TO NO IX 3. NAME OF 4. DATE DECEASED OF 2, and 3 to the (Type or print) DEATH AUSTIN FRANK 1961 with 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR lest birthdey) Months. DIVORCED T Male WIDOWED 56 Caucasian 10a. USUAL OCCUPATION (G ve kind of work 106 KIND OF BUSINESS OR INDUSTRY 11. BIKTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Executive-Chef, University
13. FATHER'S NAME U.S.A. Washington, D.C. Frank Austin Swartwout Bessie Slater Dr. John A. Swartwout- Melrose, Mass. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17. INFORMANT 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), end (c). ONSET AND DEATH Acute Congestive Heart Failure IMMEDIATE CAUSE (a) **DUE TO** -Arterissclerotic Heart Diseasegava rise to immediate cause DUE TO (a), sleting the underlying cause lest. cremation, PART II OTHER S.GN. FICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,91 19, WAS AUTOPSY PERFORMED? Lie the certificate, writing the word forwarded to the Chief Medical E. L. DIRECTOR: Page 3 should be Advanced Liver Cirrhosis 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enfer natura of injury in Part 1 or Part if of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f, (City or town) (County) (Stata) fectory, streat, offica bldg., atc.) Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy 📆 . Inspection 🔼 Inquiry A and in my opinion Natural causes X Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER March 6, JAMES I. BOYD, NAME (Typa) (M.D. Address (Streat, city, lown, or county) 228, BURIAL, CREMATION, 226. DATE THEREOF 77c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) Burial ₫ O ₹ Rock Creek Cemetery Washington D C 23. FUNERAL DIRECTOR VS. A15ME HINES CO. 2901 14th SM 7/59 St. N. W. Wash, DOTE MAR 8

MARYLAND STATE DEPARTMENT OF HEALTH



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	T+0= 1 0 2	ERIFICATE	OF DEATE	1	03509					
	1. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where deceased lived, I	finstitution: Residence before edmission)					
}	Prince George	MARYLAND	a. STATE Md	F CO1						
		GTH OF STAY IN 16	c. CITY OR TOWN	Forestville,	ite RURAL and give nearest town)					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give 7620 Marlboro Pike	street eddress)	d. STREET ADDRESS	lboro Pike	on a farm?					
1		II.								
	3. NAME OF BECEASED (Type or print) EDITH	C. T.	HOMAS	4. DATE Mon						
	5. SEX 6. COLOR OR RACE 7. MARRIED NE	VER MARRIED B.	DATE OF BIRTH	9 AGE (In yeer	FUNDER 1 YEAR IF UNDER 24 HRS.					
	Female White WIDOWED	DIVORCED 5	Sept 187	5 last birthdey 85 yrs.	<u> </u>					
		USINESS OR INDUSTRY	11. BIRTHPLACE (Cou	nty & State, or foreign country						
	done during most of working life, even if retired U.S.	Govermen		1	U.S.A.					
-	13. FATHER'S NAME	,	14. MOTHER'S MAIDEN							
	John Fraser		Georgia	Anna Pumphr	еу					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (Ifyesgivewerordetesofservice) Non	security no. 17. in	n E. Thom	as (2d)	55					
	IB. CRUSE OF DEATH [Enter only one cause per line for (e), {b}, end {c}.)			INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY	ONSET AND DEATH								
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) acute Congestive Cardiac farture - Rdays									
	72 0 a to DUETO A A CORD A TO A CORD									
	Conditions, if eny, which is arteres Scleratic Heart disease undergoing									
	geve rise to immediate cause (e), stating the underlying DUE TO									
	couse lest, (c) General arterio Selerasis antonion									
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?									
	YES NO F									
	2De. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.)									
	PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTION 200. ACCIDENT WAS UNDERLYING [] 200. DESCRIBE HO OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WAS	hural Ca	user-							
	20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY C While Not et work		F OF INJURY (Home, far y, street, office bldg., etc		(County) (Stete)					
	Hour e.m. While Not	77 11710								
	21. I certify that (I) (this hospital) attended the deceased from March 1, 1960 to March 19, 1961, that (I) (we) last									
	saw the deceased alive on Marth 27.1	19.6, and that o	death occured at M	M, from the cause:	s and on the date stated above.					
	220. SIGNATURE		ATTENDING /	MED. STAFF	226. DATE					
Î	Start-C. Van Hat	MD MD	PHYS.	DIRECTOR PHYS.	3/29/61					
	22c. PHYSICIAN'S NAME (Typo) PAUL CVANNAL	7/1	5440 J	SolvenHell	ndse Dt28					
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. N	NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION (City,	town or county) (Slete)					
	PENACY A1 (Secribia)	e's Crema		Washingto	n, D.C.					
		ADDRESS	DC ,	C'D BY REGISTRAR 256. F	- 4 -					
	Lee Funeral Home 300 4th	St. N.B.	Wash. DATE	G H 3 '61 (Cithy & Mans					



MARYLAND STATE DEPARTMENT OF HEALTH TATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE [Where deceased lived, if institutions e. COUNTY a. STATE COUNTY Prince Georges by the and 2 death. MARYLAND 1 yr . 2 mos. b. CITY OR TOWN (if outside corporete I m ts. c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) by an write RURAL and give nearest town) yr 2 2 days & Washington Glenn Dale (rural) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENC ON A FARM? 1161 3rd St. YES NOW Glenn Dale Hospital papers. 3. NAME OF 4. DATE Month Year complet DECEASED OF Sylvester (Type or print) Thomas DEATH Eugene 19 withii carbon 6. COLOR OR RACE 7. MARRIED FT NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In yours LIF UNDER 1 YEAR) IF UNDER 24 HRS. lest birthdey) amd Months Male Negro 62 WIDOWED DIVORCED угз. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11, BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY геточе Washington, D. C. USA employed Truck driver 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME allending Mary ? 100 Alexander Thomas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | [Ifyesgivewarordatesofservice] World War II Unknown Decedent 18. CAUSE OF DEATH [Entar only one cause per line for (e), (b , end (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma of right colon with metastases 2 Las been signe e burial-transit DUE TO Conditions, if eny, which gava risa to immediate ceusa **DUE TO** (a), stating the underlying certificate la PART II. OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY Pulmonary tuberculosis, mod. advanced, active (1 yr. 4 mo.); rt. hemi-PERFORMED? colectory and end to end anastomosis 1/2/59.

206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)

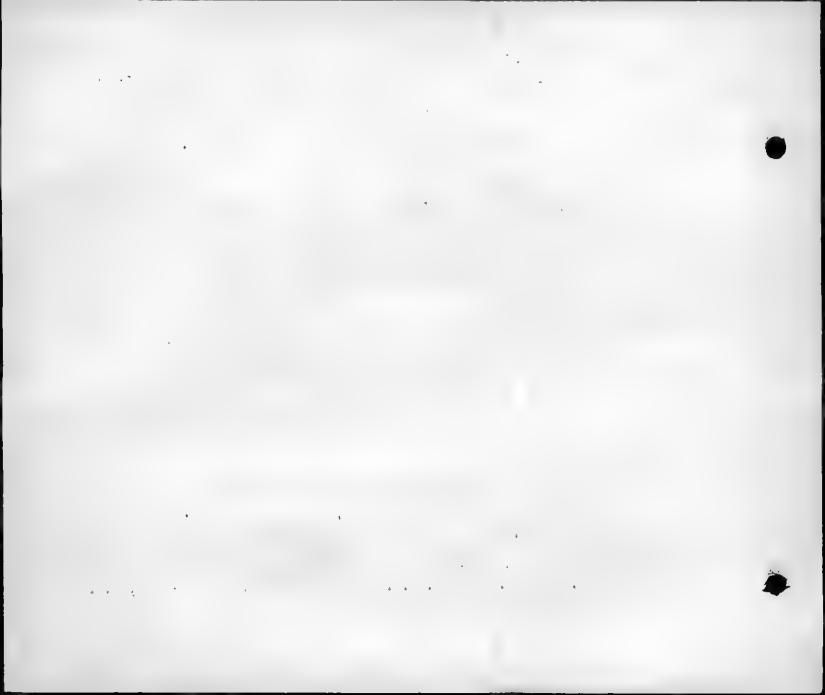
COLUMN TO THE COLUMN THE NO X 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dev. Yeer lectory, street, office bidg., etc.) Whila Not While Hour e.m. at work at work may be retain DIRECTOR: to......3/28/...., 19.6.1 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from........... saw the deceased alive on. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED MED 3/28/61 PHYS. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Glenn Dale Hospital NAME (Type) Moe Weiss. M. Glenn Dale, Md. FUN 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, lown or county) RIMOVAL_(Specify) Washington, D.C. Mt. Olivet 3 မီ ပုံ 24 FUNERAL PIRECTOR'S SIGNATUR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 3511 CERTIFICATE OF DEATH with director I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institut an Residence before admission) b. COUNTY Prince Georges a. COUNTY a STATE be filed MARYLAND Prince Georges Maryland the funeral a b. CITY OR TOWN (If autside carporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cheverly davs Fairmont Heights d NAME OF HOSPITAL (If not an haspital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUT ON ON A FARM? YES NO NO 733 Ave . Prince Georges General Hospital 61st NAME OF First Middle 4. DATE OF Last Month Year Day filled DECEASED (Type or print) Lillian DEATH death 19 61 Tonev March 6. COLOR OR RACE 7 MARRIED NEVER MARRIED S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last b rthday) Spervorced [Manths Days Hours Min. WIDOWED | Female Rlack April yrs. papers. 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country, 12 CITIZEN OF WHAT COUNTRY during most of warking life, even if retired) and pan None 2 BATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 COL within õ remove phys Address ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN ottending ecise 18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO ģ Conditions, if any, which permit signed tbt gave rise to immediate DUE TO cause (a), stating the underlying cause last. **burial-transit** fci has been PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY crematian, PERFORMED2. YES NOTE 20a. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f. (City or lawn) (State) (County) factory, street, affice bldg., etc. Haur a.m. While Not while at work at work D. m 61 ta Mar. 25 Mar. 3 21. I certify that (1) (this haspital) attended the deceased fram... that (I) (we) last 19 61, and that death accurred dt0.30, Film the causes and an the date stated abave saw the deceased alive an Mar. OR ATTENE 22b DATE 27 6 HIGNED ATTENDING PHYS. STAFF PHYS SF þe M.D DIRECTOR -22d. ADDRESS 22c PHYSICIAN'S Carlton. NAME (Type) 940 Washington, D.C. FUNER 3 sh page 3 sh the State (BUR AD CREMATION, 236 DATE THEREOF 23d LOCATION (City, lown, or county) 23c NAME OF CEMETERY OF CREMATORY (State) 136 KEMOVAL (Specify) he 0 ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Irland S. Kraud 1SM 9/59

within 24

MARYLAND STATE DEPARTMENT OF HEALTH



V5 A1S (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3512 CERTIFICATE OF DEATH

Reg. Dist. No. (13506

Ļ								
l.	D. COUNTY Pri	nce Grorges	MARYLAND	2. USUAL RESIDENCE Q. STATE	CE (Where deceased Md.	lived If instituted b. COUNTY	n. Residence before	e admission)
	b. CITY OR TOWN (III Suitland	outside carporate limits, write arest town)	c. LENGTH OF STAY IN 16		N (If outside corpor Iver Hil		JRAL and give nea	rest lown}
	SUITTIAND	AL (If not in hospitol, give street Nursing 110m		5407 S	Slver Hi	ll kd.	i	ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Alice	Lakin	Waesche	4. DATE OF DEATH	March		961 Year
	SEX F	6. COLOR OR RACE 7. MAR WIDOW	ED DIVORCED	June 8,	1876	AGE (In years birthday) Ay yrs.	Months Doys	Hours Min
E	during most of work	N (Give kind of work done 10b ing life, even if retired)	. KIND OF BUSINESS OR INDU	Main	.e	untry)	12. CITIZEN OF	WHAT COUNTRY?
13.	FATHER'S NAME			14. MOTHER'S MA		1		
	Carydon	Lakin		Georgi	anna C.	Larke		
15 (Ye	WAS DECEASED EVER	IN U. S. ARMED FORCES? 16. If yes, give wor or dates of service)		ohn L. Wa	esche 54	407 Sil	ess ver Hil	l Bd.
z	Conditions, if or gove rise to it couse (a), stating lying cause lost.	nmediote (oncHoPNE ute Pere	browar un ar	A-Aco enlar terios	te se acid	ent 1.	ERVAL BETWEEN - 3 DAY 2 DVAYS 0-124 9. WAS AUTORSY
T FICATION	20g. ACCIDENT WA	S UNDERLYING (") 20b. DES	CRIBE HOW INJURY OCCURRE	D (Enter noture of inj	ury in Port I or Port		EN IN FAKE I(Q) I	PERFORMEDY YES NO
CERT	(IF EITHER, NOTIFY	CAUSE OF DEATH						
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	While	4-	ACE OF INJURY (Hom- ictory, street, office bld	e, farm, 20f. (City lg., etc.)	or town)	(County)	(State)
	21. I certify th	at I attended the decea	sed fram	19.53 k	· MARCH	12, 1960	that I last saw	the deceased
	alive an MA	RCH 11 , 19	and that death	accurred at/Q	135M, fram 1	he causes and	d an the date	stated abave.
	ACTUAL SIGNATURE	ducy W.	foury		MARLB	eet, city or town,	KE SE	DATE SIGNED
	PHYSICIAN'S NAME (Type)	10 NEY	W. LOW.	Ry M.	D			
22	BURIAL CREMATION REMOVAL (Specify)	15 Mar. 1961	MONOCACY		Beal.	ION (City, town, o	r county)	(State)
	FUNERAL DIRECTOR		ADDRESS	240	MAR 1 4 '61	RAR 246. REGIS	TRAR'S SIGNATUI	
	Lee Hunos	157 Bama 300-	-Ath St. N.E.	n DA	TEMPAR L 4 0	Chu	lows S. Flrance	•



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director, 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before adm PLACE OF DEATH p. COUNTY o. STATE filed b. COUNTY MARYLAND funeral b. CITY OF TOWN (If outside corporate limits, write RURA) and give regrest town) c LENGTH OF STAY, IN 16 c. CITY OR TOWN (If outside corporate limity wifte RURAL å shauld d. NAMPOF HOSPITAL/(If no) in hospital, give street address d. STREET ADDRESS £4 4. DATE 3 NAME OF Middle filled DECEASED within 24 DEATH Pages (Type or print) death AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED completely lost birthdoy) Months 0 DIVORCED | WIDOWED 2 papers. 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country during most of working life, even if retired) pup 13 FATHER'S NAME 14. MOTHER'S MAIDEM NAME physician 9 .≘ remove 17, INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED NORCES? 116. SOCIAL SECURITY NO. attending please 18. CAUSE OF DEATH | Enter only one couse per The for (o). (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ģ Conditions, if ony, which permit (b) has been signed gove rise to immediate DUE TO cause (a), stating the underlying couse lost **burial-transit** physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY or ottending 200 ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18) certificote the (IF EITHER, NOTIFY MEDICAL EXAMINER) ő 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., atc.) Hour o. m. While Not while, of work of work p. m. After anch 21 I certify that (1) (this haspital) attended the deceased from... Martram the causes and on the date stated above ed by the RECTOR: , saw the deceased-plive at and that death accurred at 22a. SIGNATI ATTENDING PHYS MED DIRECTOR STAFF M.D 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) FUNERA C 23d LOCATION (City, town or county) 23b, DATE THEREOI 23c NAME OF CEMETERY OR CREMATORY BURIAL, -EREMATION REMOTAL (Specify) Ft.Lincoln Cemetery Pr.Geo.Co., Maryland o 25b REGISTRAR'S SIGNATURE 25g, REC'D BY REGISTRAR MAR 2 3 '61 arthur S. Through DATE

MARYLAND STATE DEPARTMENT OF HEALTH

and give nearest town

Day

Days

(County)

ON A FARM?

YES NO

Hours

INTERVAL BETWEEN

ONSET AND DEATH

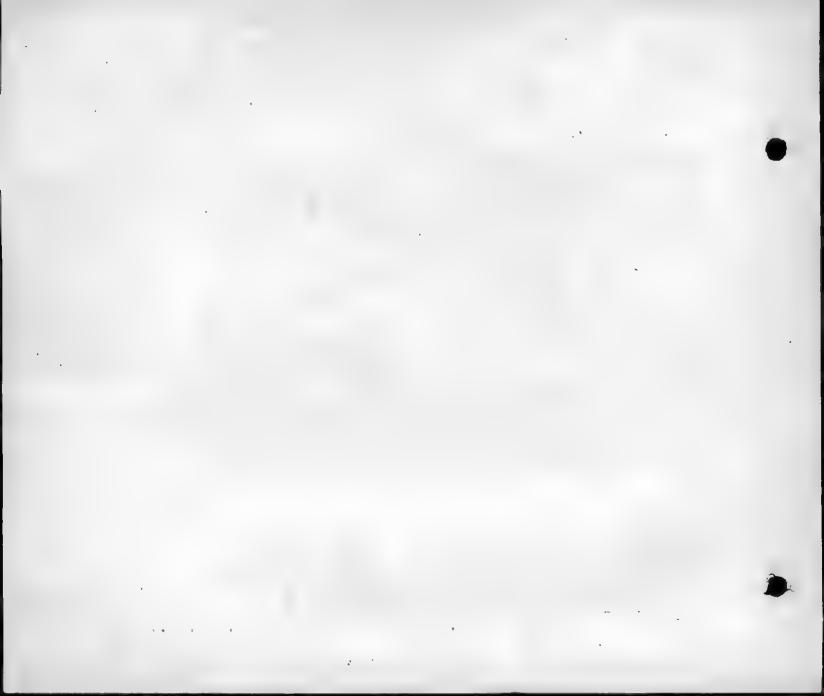
PERFORMED? YES NO

, that (1) (we) last

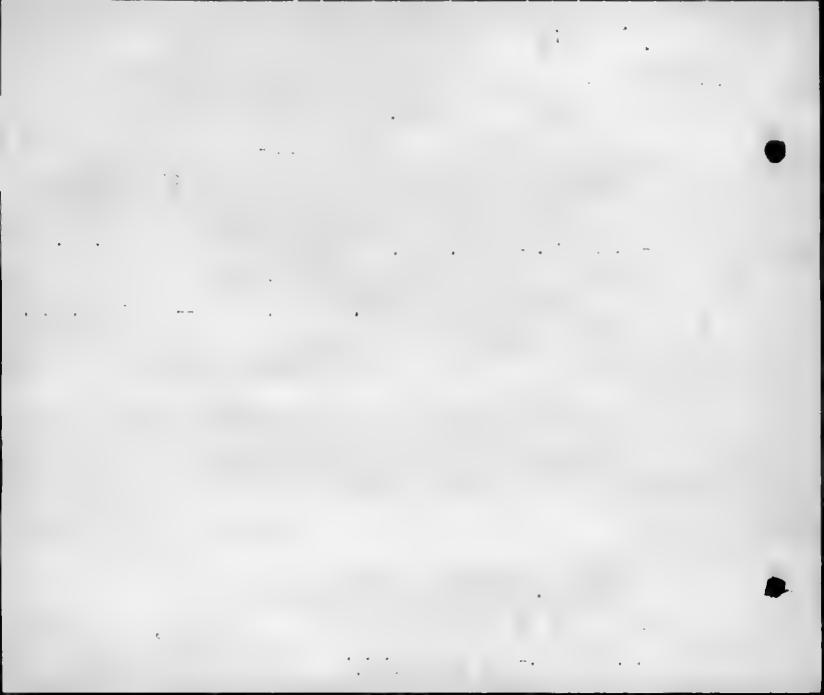
(State)

12, CITIZEN OF WHAT COUNTRY?

VR A15 (4) 15M 9/59



RYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT.

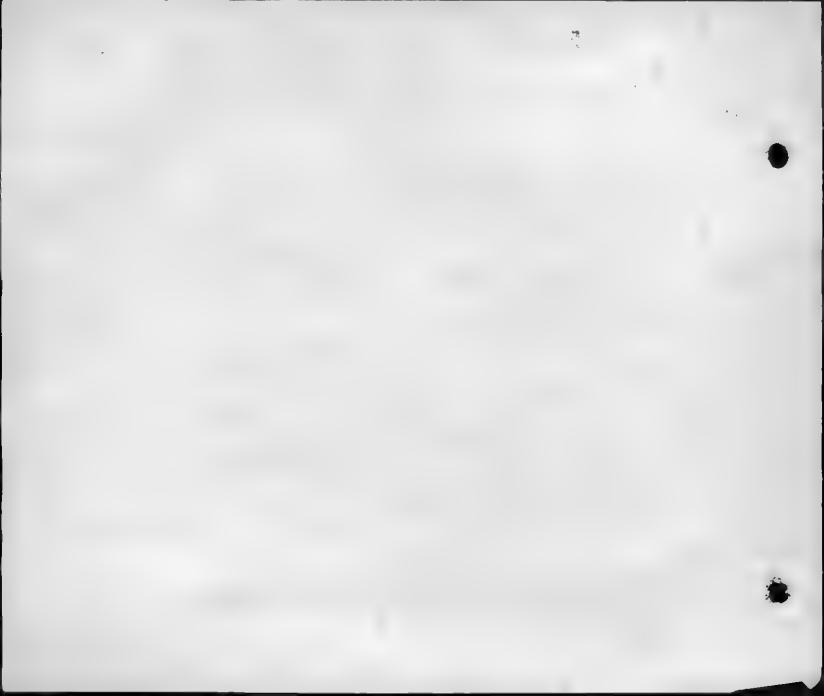
y is necessary, if director, Page files. for your TO DEFECT REDICAL EXAMINER: This certificall should be executed within 24 Bourn after duith. If explained please by the certificate, writing the word "pending" in pending in from 18. Give Pages 1, 2, and 3 to the find 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. Fire ages 1 and 2 with the State Bost or its designated agent, prior to buriel, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division 03560

1	PLACE OF DEATH 122 F11m 0285 4/1 /20 SWAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
1	a. COUNTY b. COUNTY
1	b. CITY OR TOWN (if outside corporate Units, of ENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)
ı	wighte RURAL and give nearest town)
	very month fare
ı	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp ta , g ve street address) d. STREET ADDRESS
1	- 1 Lay 7640 lifer Markber 1 Log 2641 leffer Markon VES NO
d	NAME OF First E Middle Last 4. DATE / Month Day Year
T	(Typa or print) () the the man auna Williams DEATH nearly 18 19 61
ı	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
1	Fernal Willowed Divorced Chul 7 1881 17 Cyrs. Months Days Hours Min.
	106. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country)
1	dona during most of working life, even if retired) Returned Mender Comments
1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	July - The same of
	IS. WAS DECFASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	(Yas, no or unkown) [(Ifyasgivawarordatasofservice)]
1	none film rang shower, same . 60 % 7
-	18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
ı	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) Cecile Conjecture heart faciliers
1	DUE TO
1	Conditions, if any, which \ (b) (Enless) Acles ale heart che at
1	gave rise to Immediate causa DUE TO
	(a), stating the underlying cause last, (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VIVI IN PART 18 19, WAS AUTOPSY PERFORMED? PERFORMED? 2DB. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CONTRIBUTING COURSE HOW INJURY OCCURED. [Enter nature of injury in Part I or Part II of Itam 18., PERFORMED? CAUSE OF DEATH
	2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enlar nature of injury in Part II of Itam 18.,
	PRIMARY OF CONTRIBUTING C
-	
ł	Hour a.m. Whila Not Whila factory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
	death resulted from: Natural causes Accident . Suicide . Homicide . Undetermined manner
	CHIEF MEDICAL EXAMINER
	SIGNATURE DATE SIGNED
	EXAMINEÉ'S DEPUTY MEDICAL EXAMINER
-	NAME (Type) WAME (
	12a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Sity, town, or country) (State)
	Burial 3/7/161 Celler the Sulland Mid
	23. FUNERAL DIRECTOR O ADDRESS. ADDRESS. 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	DAMMAR 20'61 arthur S. Kraus
1	



AND STATE DEPARTMENT OF HEALTH **BALTIMORE 1, MARYLAND** XAMINER'S CEI 64 1WK 2. USUAL RESIDENCE (Whare deceased lived, If institutions Residence before tem o riim PLACE OF DEATH necessary, actor, Page a. COUNTY files. b CITY OR TOWN (if outside corporate I mile) LE. MINGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give marest town) director. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) jo Boar MAME OF 4. DATE DECEASED OF (Typa or print) DEATH 5. SEX may 2 with 5 n. 2 hours WIDOWED W DIVORCED TOB. USUAL OCCUPATION (Give hand of work 1 106. KIND OF BUSINESS OR INDUSTRY Page done during most of working life, eved if retired) Hornsonite pages PM3. | 13. FATHER'S NAME Give 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURIT (Yes, no, or unkown) [(Ifyasgive werordates of sarvice) 18. CAUSE OF DEATH (Entar only one cause per line for te). (b), and (c). along PART I. DEATH WAS CAUSED BY: репсі IMMEDIATE CAUSE (+) Office a DUE TO burial Conditions, if eny, which geve rise to immediata causa DUE TO (a), stating the undarlying cause lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAXED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1121 19. WAS AUTOPSY CERTIFICATION 2 20e EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Part I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f. [City or town] the Change factory, street, office bldg., etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy | , Inspection 14. Inquiry 1 should be forwarded to FUNERAL ERECTOR death resulted from. Natural causes Suicide Homicide | Undetermined manner Accident CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (Type) Address (Street, city, town, or county) shoule DEP NAME OF CEMETERY OR CREMATORY 7 22d. LOCATION (City, town, or country) Washington, Congressional Cem. 4 🖺 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME J. Wm. Lee's Sons Co. 300-4th St. N.E. DATE MAR 2 7 '61 5M 7/59 arthur & Kenya

. IS RESIDENCE ON A FARM? YES NO -

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

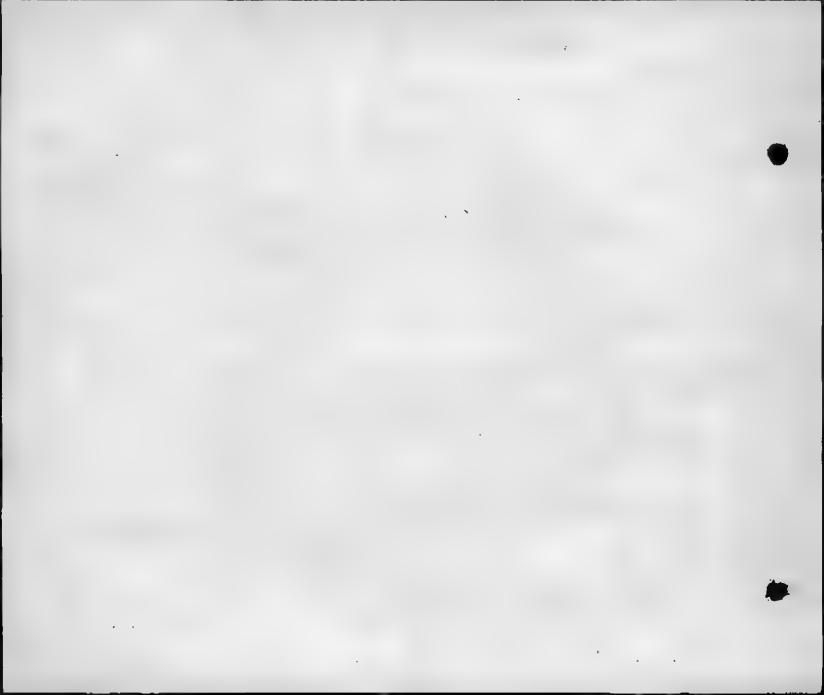
(County)

NO PA

(State)

and in my opinion

DATE SIGNED



3518 CERTIFICATE OF DEATH director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND funerol b. CITY OR TOWN (If outside corporate limits, wrife LENGTH OF STAY IN 16 c. CITY OR TOWN (If guiside corporate limits, write RURAL and give negrest town) **BURAL** and give nearest town) should 2221040 d/NAME OF HOSPITAL (If not in hospital/give street oddress) d. STREET ADDRESS OR INSTITUTION NAME OF First Middle Last 4. DATE Month DECEASED OF DEATH filled (Type or print) S. SEX 6. COLOR OF RACE 7. MARRIED THEVER MARRIED B. DATE OF BIRTH 9. AGE (In years completely lost birthday) WIDOWED I DIVORCED | popers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (Stole or foreign country) and STRUETIC 13. FATHER'S NAME 00 physicic 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address ottending [84 CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c). a I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Condifians, if ony, which gned gove rise to immediate DUE TO cause (o), stating the underote has been sig buriol-tronsit p physician. lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY or attending phy certificate has k 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. Nat while ot work of work D. m ___, 1960, to March 18, 196 that I last saw the deceased 21. I certify that I attended the deceased fram. , and that death accurred at 2.3 A.M. from the causes and an the date stated above. ined by the DIRECTOR: ADDRESS (Street, city or town, state) ACTUAL SIGNATURE T PHYSICIAN'S NAME (Type) moy be 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY page CEMETERY SUITLAND, INCOLN MEM. AT. FUNERAL DIRECTOR'S SIGNATUR 24b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR DATE MAR 2 2 '61 VS A15 (4) arthur S. Kraus 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No. 3513

Day

IFUNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO NO

(Stote)

DATE SIGNED

(Stote)

Days

(County)

MARYLAND

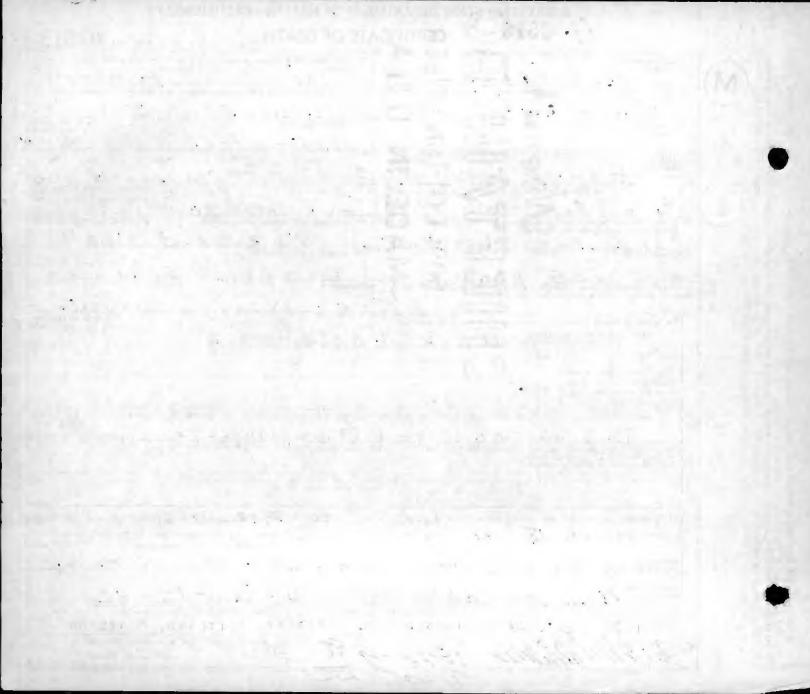
Months

e. IS RESIDENCE

ON A FARM? YES NO [

Year

19



HEALTH DEPT TO DEPLY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a, any is necessary, please et also the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		43514
	i, PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before demission) a, STATE
	TEIN OR OF CHARYLAND	Montand For
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporele limits, write RURAL and give nearest lown)
1	(ho / -	I browland Park
17	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS () . IS RESIDENCE
4	Prince Gentre, Seneral Hospis	Pal 211-65th Ather YES NO D
	3. NAME OF First Middle	Lest A. DATE Month Day Year
	(Typa or print) Werner John J	immerly DEATH Trock 26 19 6
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min
	hale Whithwidowed DIVORCED NA	ecenter 8, 1901 57 yrs.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Takeron shilled	mond Vansons 4.5.6
	13. FATHER'S NAME	14. MOTHER'S MAIDEN MAME
1	Charles Edward Zimmerli	Emilytrong Slarnich
		NFORMANT Address
	(Yes, no, or unkown) (Ifyesgive werardetes of service)	is IV 1 3 mmorli, some of the
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
- 1	IMMEDIATE CAUSE (a)	Jewina judenot rigaro carre
	DUE TO 1 10 THE	10.7
	Conditions, if eny, which \ (b) Aod-all win	omous of oorlo
	geve rise to immediate couse DUE TO	~ 1D _a
	(a), steting the underlying cause lest. (c) (therarale	roser Joans
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY
-	OLI NO STATE OF THE STATE OF TH	PERFORMED?
	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED, (E	ntar nature of injury in Part I or Pert II of item 18.)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	and added to impary in the year of the internal and
	20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 20e. PLA	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)
	Hour e.m.	pry, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above, he	d an Autopsy Inspection Inquiry and in my opinion
	death resulted from: Natural causes . Accident . Suici	
		CHIEF MEDICAL EXAMINER
	SIGNATURE STATE OF TOTAL	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	EXAMINERS TO T	DEPUTY MEDICAL EXAMINER
	NAME (Type) DAMP 5 L. DOVO	Addrass (Streat, city, town, or county)
	228. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or country) (5) ate)
	REMOVAL (Specific) 3-29- 61 Alances	Com Washington, N.
	23. FUNERAL DIRECTOR	1 1 24 24 REC'D BY REGISTRAR 266. REGISTRAR'S SIGNATURE
	W.W. Chambers to Amond	af of the second
	Charles Charles	MAR 2 9 61 Chillian 2. Total

VS. A15ME 5M 7/59

